

CITY OF BALTIMORE

ONE HUNDRED AND THIRTY-SEVENTH
ANNUAL REPORT

OF THE

DEPARTMENT OF HEALTH

1951



*To the Mayor and City Council of Baltimore for the
Year Ended December 31, 1951*

We always will remember the nice days of your visit, feeling that our friendship will last forever and hoping to meet again when the work is done.

However, the best days are those of trouble and labour.

EINAR RIETZ, M.D.
Förste stadsläkare
Commissioner of Health
Stockholm

DEPARTMENT OF HEALTH

Commissioner, HUNTINGTON WILLIAMS, M.D., Dr. P.H.
Assistant Commissioner, ROSS DAVIES, M.D., M.P.H.
Secretary, REED GAITHER

ADMINISTRATIVE SECTION

Administration.....HUNTINGTON WILLIAMS, M.D., Dr. P.H.
Health Information.....JOSEPH GORDON
Laboratories.....CLINTON L. EWING
Eastern Health District.....GEORGE A. SILVER, M.D., M.P.H.
Western Health District.....
Druid Health District.....H. MACEO WILLIAMS, M.D., M.P.H.
Southeastern Health District.....JOHN A. SKLADOWSKY, M.D.
Southern Health District.....ABRAHAM M. LILLENFELD, M.D., M.P.H.

MEDICAL SECTION—PREVENTIVE

Communicable Diseases.....MYRON G. TULL, M.D., M.P.H.
Tuberculosis.....CHARLOTTE SILVERMAN, M.D., Dr. P.H.
Venereal Diseases.....NELS A. NELSON, M.D., M.P.H.
Child Hygiene.....JANET HARDY, M.D.
School Hygiene.....HENRY F. BUETTNER, M.D.
Dental Care.....H. BERTON McCAULEY, D.D.S.
Public Health Nursing.....ALICE M. SUNDBERG, R.N., M.P.H.

MEDICAL CARE SECTION

J. WILFRID DAVIS, M.D., M.P.H., Director

SANITARY SECTION

WILMER H. SCHULZE, Pharm. D., Director

Milk Control.....IVAN M. MARTY
Food Control.....FERDINAND A. KORFF
Meat Inspection.....WILLIAM J. GALLAGHER, D.V.M.
Environmental Hygiene.....GEORGE W. SCHUCKER
Industrial Hygiene.....CHARLES E. COUCHMAN

HOUSING BUREAU

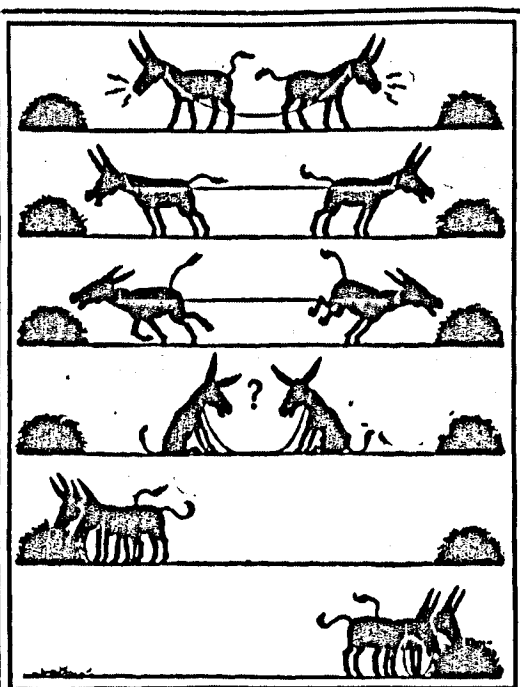
G. YATES COOK, Director

STATISTICAL SECTION

W. THURBER FALES, Sc.D., Director

Biostatistics.....MATTHEW L. TABACK
Vital Records.....SIDNEY M. NORTON

Learn to Do Your Part in the Prevention of Disease



TEAMWORK

An Editorial without Words

CONSULTANTS

DR. THOMAS S. CULLEN,
Member, Maryland State Board of Health.

DR. ALLEN W. FREEMAN,
*Professor Emeritus of Public Health Administration,
Johns Hopkins School of Hygiene and Public Health.*

DR. ANDREW C. GILLIS,
Professor of Neurology, School of Medicine, University of Maryland.

DR. LOUIS P. HAMBURGER,
Assistant Professor Emeritus of Medicine, Johns Hopkins School of Medicine.

DR. MAURICE C. PINCOFFS,
Professor of Medicine, School of Medicine, University of Maryland.

DR. ROBERT H. RILEY,
Director, Maryland State Department of Health.

DR. JAMES M. H. ROWLAND,
Dean Emeritus, School of Medicine, University of Maryland.

DR. ARTHUR M. SHIPLEY,
Professor Emeritus of Surgery, School of Medicine, University of Maryland.

DR. ERNEST L. STEBBINS,
Director, Johns Hopkins School of Hygiene and Public Health.

DR. THOMAS B. TURNER,
Professor of Bacteriology, Johns Hopkins School of Hygiene and Public Health.

DR. ALLEN F. VOSHELL,
Professor of Orthopedic Surgery, School of Medicine, University of Maryland.

DR. WALTER D. WISE,
Professor of Surgery, School of Medicine, University of Maryland.

DR. SAMUEL WOLMAN,
Assistant Professor Emeritus of Medicine, Johns Hopkins School of Medicine.

ADVISORY COMMITTEE ON SANITATION

MR. CLARK S. HOBBS, Chairman
*Director, Civic Development Bureau,
Baltimore Association of Commerce.*

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*Assistant Professor of Environmental Medicine,
Johns Hopkins School of Hygiene and Public Health.*

DR. FRANK S. FELLOWS,
*Medical Director, United States Public Health Service
in charge of the Baltimore Quarantine Station.*

MR. PAUL L. HOLLAND,
Director of Public Works of Baltimore.

DR. ABEL WOLMAN,
*Professor of Sanitary Engineering,
Johns Hopkins School of Hygiene and Public Health.*

MEDICAL STAFF

GEORGE G. ADAMS, M.D. t
 TOWNSEND W. ANDERSON, M.D. v
 McDONALD M. BANDO, M.D. c
 M. L. BARKSDALE, M.D. v
 WALTER P. BLOCK, M.D. c
 HARRY E. BLOOM, M.D. ey
 LOUIS V. BLUM, M.D. t
 KATHERINE H. BORKOVICH, M.D. t
 HELEN BOWIE, M.D. c
 M. L. BREITSTEIN, M. D. ea
 GEORGE P. BROWN, M.D. c, v
 G. RAYNOR BROWNE, M.D. v
 WILLIAM BERKLEY BUTLER, M.D. v
 JAMES D. CARR, M.D. v
 J. W. V. CLIFT, M.D. c
 MORRIS M. COHEN, M.D. v
 E. ELLSWORTH COOK, JR., M.D. mi
 THEODORE COOPER, M.D. t
 ROSCOE Z. G. CROSS, M.D. ho
 GEORGE H. DAVIS, M.D. m
 W. ALLEN DECKERT, M.D. m
 KAY KOHARA EDWARDS, M.D. v, mi
 MORRIS FELDMAN, JR., M.D. mi
 NORMAN R. FREEMAN, JR., M.D. mi
 LOUIS C. GAREIS, M.D. m
 HARRIS GOLDMAN, M.D. v
 SYLVAN C. GOODMAN, M.D. v
 JAMES P. GRANT, JR., M.D. v
 WALTER E. GREMPER, M.D. c
 S. BUTLER GRIMES, M.D. c
 PEGGY ANN HANSON, M.D. c
 LOUIS E. HARMON, M.D. v
 AARON HARRIS, M.D. c, mi
 THOMAS W. HARRIS, JR., M.D. v
 JAMES B. HAWKINS, M.D. ho
 MARY L. HAYLECK, M.D. c
 FREDERICK J. HELDRICH, JR., M.D. v
 EMIL H. HENNING, JR., M.D. mi
 ROBERT M. HIDEY, JR., M.D. v, c
 CLEWELL HOWELL, M.D. c
 HUGH P. HUGHES, M.D. ho
 RICHARD H. HUNT, M.D. v
 MEYER W. JACOBSON, M.D. t
 R. DONALD JANDORF, M.D. v
 WILLIAM ATWELL JONES, M.D. v

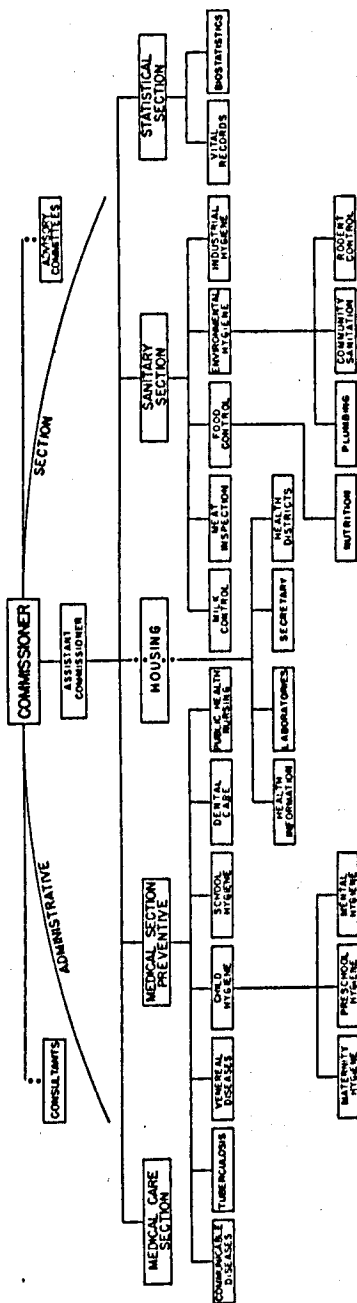
VERNON C. KELLY, M.D. m
 KATHARINE V. KEMP, M.D. c
 SCHUYLER G. KOHL, M.D. m
 ALBERT L. LAFOREST, M.D. v
 C. DUDLEY LEE, M.D. t
 LUCILLE LIBERLES, M.D. c
 RENOLD B. LIGHSTON, JR., M.D. c, v
 JERRY C. LUCK, M.D. c
 WILLIAM R. LUMPKIN, M.D. mi
 CHARLES F. MALONEY, M.D. c
 DONALD D. MARK, M.D. v
 ROBERT MAZER, M.D. v
 ISRAEL P. MERANSKI, M.D. v
 DONALD W. MINTZER, M.D. v
 J. CARL MYERS, M.D. mi
 SIGMUND R. NOWAK, M.D. mi
 GEORGE C. PAGE, M.D. v
 GEORGE H. PENDLETON, M.D. v
 GEORGE F. PHILLIPS, M.D. mi
 WILLIAM G. POLK, M.D. c, v
 J. EMMETT QUEEN, M.D. mi
 A. L. RETTALIATA, M.D. mi
 MARTIN A. ROBBINS, M.D. v
 ALMA S. ROTHHOLZ, M.D. c
 GILBERT E. RUDMAN, M.D. mi
 CECIL RUDNER, M.D. t
 ROYD R. SAYERS, M.D. mi
 EUGENE SCHNITZER, M.D. t
 J. DOUGLASS SHEPPERD, M.D. v
 JEROME SHERMAN, M.D. v
 ERNEST W. SHERVINGTON, M.D. v
 M. S. SHILING, M.D. t
 ISADORE A. SIEGEL, M.D. mi
 MELCHIJAH SPRAGINS, M.D. c
 HENRY G. SUMMERS, M.D. c
 HOWARD H. WARNER, M.D. ho
 THOMAS C. WEBSTER, M.D. mi
 WILLIAM E. WEEKS, M.D. c
 HENRY L. WHITTLE, M.D. c
 JOSEPH C. WICH, M.D. c
 JESSIE WILLIAMS, II, M.D. v
 GUSTAV H. WOLTERECK, M.D. c
 CHARLES T. WOODLAND, M.D. v
 RALPH J. YOUNG, M.D. v
 HAROLD E. C. ZHEUTLIN, M.D. v

c = child hygiene, ea = ear clinic, ey = eye clinic, ho = health officer for communicable disease control and school hygiene, m = maternity hygiene, mi = medical investigator, t = tuberculosis clinic, v = venereal disease clinic.

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ORGANIZATION CHART BALTIMORE CITY HEALTH DEPARTMENT



ONE HUNDRED AND THIRTY-SEVENTH ANNUAL REPORT OF THE BALTIMORE CITY HEALTH DEPARTMENT

1951

REPORT OF THE COMMISSIONER OF HEALTH

The Honorable,

THE MAYOR AND CITY COUNCIL OF BALTIMORE

GENTLEMEN:

Pursuant to the provisions of Section 81 of the City Charter and also in accordance with a resolution adopted by the City Council in the year 1817, I have the honor to transmit to you a summary of the one hundred and thirty-seventh in a series of consecutive annual reports of the work done by the Baltimore City Health Department, and by the several bureaus thereof, for the year ended December 31, 1951.

Introduction

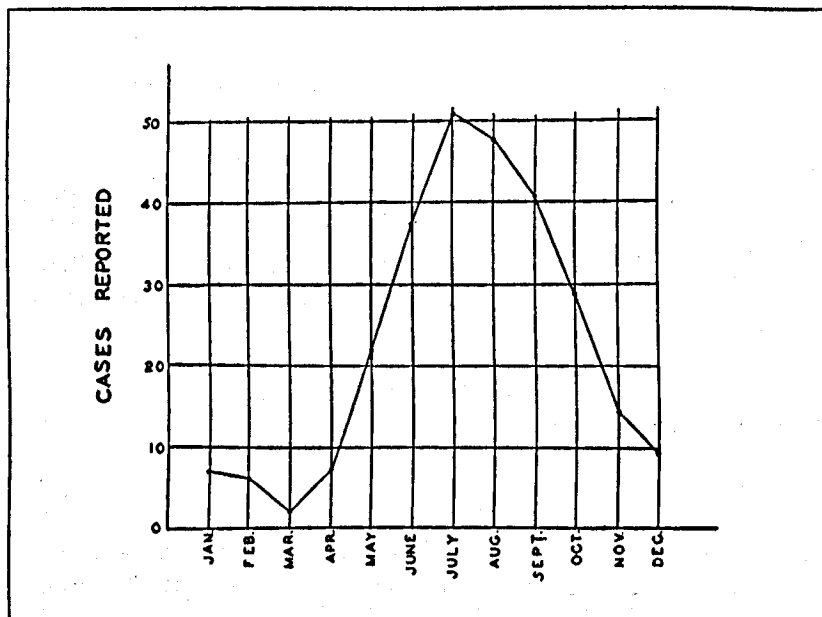
Of prime importance in strengthening Baltimore's official health services in 1951 was the reorganization of the Bureau of Child Hygiene and the appointment of its new director, Dr. Janet Hardy on April 1. For the first time since the death of Dr. William K. Skilling in 1944 the bureau in Dr. Hardy had a full-time qualified pediatrician at its head. The school health services were incorporated into the bureau on September 1 and were placed under the direction of Dr. Alan Foord.

The decentralized Health Department work went forward in the new Southern Health District building with the provision of mental hygiene and nutrition counseling in relation to the well baby clinics, and by the conduct of food handler instruction services. Also construction proceeded at the new Southeastern Health District building at 3411 Bank Street which will supplement the program conducted at Kenwood Avenue and Hudson Street; and the architect, Mr. Charles Dana Loomis, completed the first plans for a new Eastern Health District building to be erected on the block bounded by Monument, Caroline, McElderry and Spring Streets. The voters on May 8 approved the Buildings and Structures Loan which will provide the funds for this important new health facility.

By City Ordinance No. 1543, Approved February 17, the Health Department work in slum control and rehabilitation was provided with a new Housing Bureau and Mayor Thomas D'Alesandro, Jr., on March 8 appointed Mr. G. Yates Cook to be its director. In accordance with the

provisions of the ordinance he also appointed an advisory council to assist in the planning and promotion of the work of the new bureau, a program which expanded actively and along new lines such as in the experimental Pilot Area in East Baltimore.

The 1951 vital statistics of the city established two important new low records. There were only 8 cases of diphtheria for the entire year, 46 being

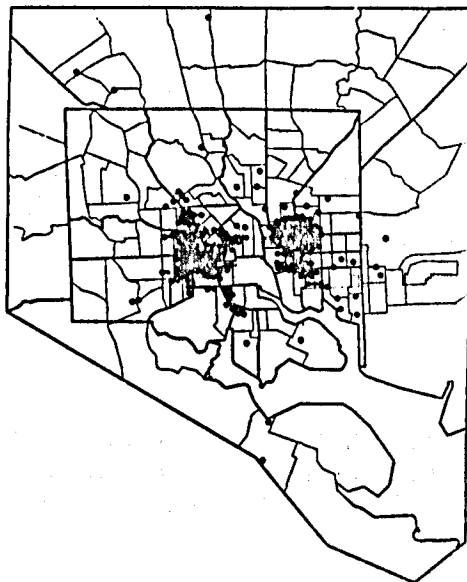


LEAD POISONING IN BALTIMORE CHILDREN
OCCURRENCE BY MONTHS OF 293 CASES, 1931-1951

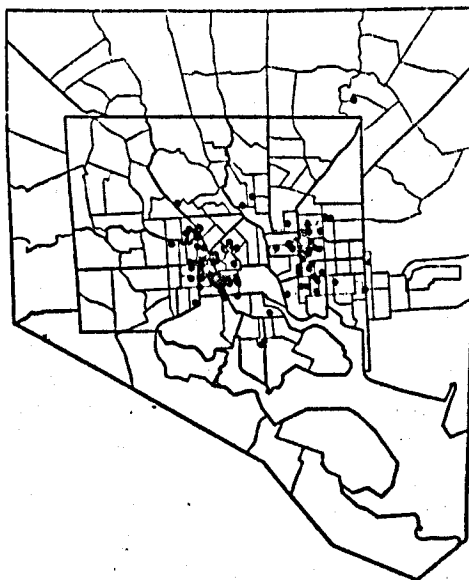
the lowest prior figure in 1948 and again in 1949; and the maternal mortality rate dropped to a new low figure of 0.4 per 1,000 live births. Only 5 cases of typhoid fever were reported during the year, the same figure that had been reached just once before in 1948. For the third successive year there was no death from this disease in the city and there has been no case of smallpox since 1928.

The Health Department, chiefly through its Bureau of Industrial Hygiene, sanitarians and public health nurses gave special attention to discovering and preventing cases of acute lead poisoning in children. During the year a shocking high record of 77 cases and 9 deaths was reported by hospital dispensaries and physicians, chiefly in children of the teething age who lived in old rented properties in the blighted areas of the city. In no

REPORT OF THE COMMISSIONER OF HEALTH



LEAD POISONING IN BALTIMORE CHILDREN
LOCATION OF 209 NONFATAL CASES, 1931-1951



LEAD POISONING IN BALTIMORE CHILDREN
LOCATION OF 83 FATAL CASES, 1931-1951

prior year had more than 34 cases been reported. From January 1, 1931 to December 31, 1951 a total of 350 cases with 91 deaths was recorded. This special disease of poverty occurs more frequently in July and August than in any other months although as yet there is no explanation for that fact. On June 29 a new regulation prohibiting the use of paint containing lead pigment for interiors of dwellings was adopted by the Commissioner of Health pursuant to the authority of the City Ordinance on the Hygiene of Housing, and the August–September issue of *Baltimore Health News* was devoted to a discussion of this preventable disease.

On November 30, after receiving the favorable report of a special committee of the National Research Council, the Commissioner of Health recommended to Mayor D'Alesandro that the fluorine content of the city water supply be adjusted to one part per million as a partial preventive of tooth decay in children. This followed months of careful study and close teamwork with the City Bureau of Water Supply, the State Department of Health and the medical and dental professions of Maryland. Dr. W. Thurber Fales, Director of the Statistical Section, went to Ceylon in September to assist the World Health Organization in conducting an International Training Center on Vital Statistics in that country and in surveying the health statistics services in Burma, Ceylon, India, Indonesia and Thailand; and earlier in the year the Commissioner of Health was appointed by Dr. Brock Chisholm, Director General, to serve as a member of the World Health Organization Expert Advisory Panel on Public Health Administration for a term of five years.

Civil Defense

Organization of the Baltimore City Civil Defense Health Service began on January 30, 1951 when the Commissioner of Health was appointed director of this branch by Mr. Paul L. Holland, City Director of Civil Defense. Dr. J. Wilfrid Davis, Director of the Medical Care Section became Deputy Director of the Health Service and many other City Health Department officials undertook responsibilities that were related to their usual work.

Dr. Thomas B. Turner, Professor of Bacteriology at the Johns Hopkins School of Hygiene and Public Health accepted the post of Assistant Director for Medical Services and organized a committee which began the complicated task of preparing the hospital, casualty station and related professional plans to meet the city's needs in case of an atomic attack. On July 19 Dr. Turner's committee presented its "Initial Plan for Baltimore City" which was released through the press later in the same month.

By October locations had been approved for the establishment of 97 Casualty Clearing Stations of which 75 are in public schools. Mortuary teams were arranged with the aid of Dr. Russell S. Fisher, Chief Medical

Examiner of Maryland, and with the Maryland State Funeral Directors Association. The locations of reserve water supplies were established by the Division of Sanitation and Special Weapons Defense. Civil defense questionnaires were returned by approximately 700 physicians, 200 dentists, 150 pharmacists and 1,000 nurses. These provided a register of medical and other professional personnel needed to carry out the committee recommendations as outlined in the "Initial Plan for Baltimore City."

Mr. George W. Watson, the Health Department's first nonmedical health administrator was assigned to full-time civil defense duty as assistant to the Director of the Health Service. The work in 1951 was conducted in close collaboration with the City and State Directors of Civil Defense and Dr. R. H. Riley, State Director of Health and of Civil Defense Health Services, and followed closely the Federal Civil Defense manual "Health Services and Special Weapons Defense" and the organization chart on page 220 of that publication.

The Health of the City

Extensive population movements into and away from the city were indicated in the final figures for 1950 released by the Bureau of the Census. Based on these data the estimated population of the city on July 1, 1951, which has been used for calculating the rates in this report was 953,000; the white population was 723,000 and the nonwhite population was 230,000 or 24 per cent. When contrasted with 1943, the peak of the war-time immigration at which time the Negro percentage was estimated at 20.1 the 1951 figures give indication of a marked influx of colored persons and an out-migration of white persons.

The changing racial distribution of the population has real public health importance in view of the special health problems associated with the non-white population, a group which has poor housing facilities, a high tuberculosis mortality rate, a high infant mortality experience and other evidences of economic disadvantage.

Noteworthy achievements already mentioned in the health record of Baltimore during 1951 included the reduction of deaths from maternal causes to an all-time low rate of 0.4 per 1,000 live births and a decline in diphtheria to its lowest figure of only 8 cases for the year. The further control of tuberculosis and of syphilis, as evidenced by a drop in the mortality rates associated with these long standing public health problems, is also worthy of note.

An increase of 1,248 or 6 per cent in the number of babies born alive to Baltimore mothers during 1951 raised the yearly newborn total to 22,630 from the figure of 21,382 resident births noted in 1950. The 1951 birth rate for the total population was 23.7 per 1,000 population with rates of 20.7 and 33.4 found in the white and nonwhite groups, respectively.

In general, an unusually good year was experienced in respect to illness and death resulting from the common reportable childhood diseases. Following the outbreak of poliomyelitis in 1950 only 15 paralytic cases were reported in 1951. As stated, typhoid fever returned to its prior record low figure of 5 cases for the year.

Principal Causes of Death

There was little change in the total mortality rate when compared with previous years. The death rate for 1951 was 11.4 per 1,000 population, compared to the 1950 figure of 11.2. Among the chief causes of death as

RESIDENT DEATH RATES PER 100,000 POPULATION FOR THE SEVEN LEADING CAUSES OF DEATH: TOTAL, WHITE AND COLORED POPULATION: BALTIMORE 1950-1951

TOTAL POPULATION			WHITE POPULATION			COLORED POPULATION		
CAUSE	Death Rate per 100,000		CAUSE	Death Rate per 100,000		CAUSE	Death Rate per 100,000	
	1951	1950		1951	1950		1951	1950
Diseases of heart.....	480.5	482.5	Diseases of heart.....	501.2	508.6	Diseases of heart.....	415.2	399.5
Cancer, all forms.....	172.3	170.8	Cancer, all forms.....	183.7	181.3	Cancer, all forms.....	136.5	137.4
Vascular lesions of central nervous system..	84.7	77.4	Vascular lesions of central nervous system..	82.8	71.9	Tuberculosis, all forms.	123.9	132.6
Accidental causes.....	52.5	47.9	Accidental causes.....	46.7	47.9	Vascular lesions of central nervous system.	90.4	94.7
Tuberculosis, all forms.	52.1	56.4	Certain diseases of early infancy.....	34.9	26.8	Certain diseases of early infancy.....	86.5	70.9
Certain diseases of early infancy.....	47.3	37.4	Tuberculosis, all forms.	29.3	32.5	Accidental causes.....	70.4	48.0
Influenza and pneumonia.....	33.5	27.3	Diseases of arteries and veins.....	25.7	28.5	Influenza and pneumonia.....	60.4	52.4

shown in the accompanying table, diseases of the heart, cancer, and vascular lesions of the central nervous system were the most frequent conditions associated with loss of life in 1951, as they were in 1950. The prominent position now occupied by accidental causes in the mortality picture, fourth in rank among the leading causes, suggests the growing importance of this group as a public health problem. The tuberculosis mortality rate, 52.1 per 100,000 population placed this disease in the fifth position for the total population. Without any question it remains as one of the most important health problems facing the community in view of the relatively higher risk in Baltimore than in many other large cities. The increase in hospital beds for the tuberculous expected in the near future and the use of the newer drugs should assist in a more effective control of the spread of this disease in the city.

Administration

There follows a financial statement for the Baltimore City Health Department for the fiscal year ended December 31, 1951.

FINANCIAL STATEMENT

As of December 31, 1951

Total City Appropriations.....	\$1,810,003.08
Total City Expenditures.....	1,770,976.28
Appropriations by Ordinance of Estimates, January 1, 1951.....	\$1,733,419.45
Appropriation for Transportation.....	44,997.84
Supplementary Appropriations for Building Maintenance and Special Projects.....	31,585.79
	<hr/>
	\$1,810,003.08

Expenditures of the Baltimore City Health Department

ADMINISTRATIVE SECTION

Administration.....	\$42,850.74
Health Information.....	41,817.23
Laboratories.....	130,149.08
Eastern Health District.....	95,407.59
Western Health District.....	63,128.04
Southeastern Health District.....	76,170.88
Druid Health District.....	147,404.23
Southern Health District.....	69,522.08
	<hr/>
	\$672,450.52

MEDICAL SECTION—PREVENTIVE

Communicable Diseases.....	\$32,691.48
Tuberculosis.....	51,024.40
Venereal Diseases.....	110,477.71
Child Hygiene.....	91,621.76
School Hygiene.....	15,410.14
Dental Care.....	38,994.69
Public Health Nursing.....	165,084.33
	<hr/>
	\$505,304.51

MEDICAL CARE SECTION

Administration.....	\$20,564.38
	<hr/>
	\$20,564.38

SANITARY SECTION

Administration.....	\$22,181.25	
Milk Control.....	70,661.47	
Food Control.....	57,672.42	
Meat Inspection.....	70,247.57	
Environmental Hygiene.....	108,710.76	
Rodent Control.....	53,531.02	
Industrial Hygiene.....	23,861.16	
	<hr/>	\$406,865.65

STATISTICAL SECTION

Administration.....	\$16,314.28	
Biostatistics.....	21,133.22	
Vital Records.....	47,062.64	
	<hr/>	\$84,510.14

HOUSING

Administration.....	\$79,262.61	
	<hr/>	\$79,262.61

CIVIL DEFENSE

Administration.....	\$2,018.47	
	<hr/>	\$2,018.47
Total, Salaries and Expenses.....		\$1,770,976.28

Receipts

Vital Records.....	\$28,688.63	
Child Hygiene Licenses.....	60.00	
Milk Permits.....	13,702.00	
Plumbing Permits.....	26,716.00	
Rooming House Permits.....	723.00	
Meat Permits.....	24,247.00	
Miscellaneous Revenue.....	207.00	
	<hr/>	\$94,343.63
Total.....		\$94,343.63

Additional Non-Health Department Expenditures

There follow certain tabulations of expenditures for health work in Baltimore in 1951 which was closely related to or a part of the work of the City Health Department:

I OFFICIAL EXPENDITURES

City Civil Defense Organization—Health Service.....	\$19,143.43
City Department of Education—high school medical services.....	91,456.00
City Department of Welfare	
Tuberculosis hospital service	
Baltimore City Hospitals.....	536,652.01
Mt. Pleasant Sanatorium—city cases.....	17,276.47
Eudwood Sanatorium—city cases.....	21,988.71
Communicable disease hospital service.....	56,548.77
State Department of Health Funds	
State Tuberculosis Sanatoria—city cases.....	967,923.00
Mt. Pleasant Sanatorium—city cases.....	27,210.86
City venereal disease control.....	9,012.87
Services for city crippled children.....	56,780.50
Medical care—public assistance clients.....	544,792.28
U. S. Public Health Service Funds	
General.....	25,605.77
The Johns Hopkins Hospital—venereal disease control.....	36,000.00
Tuberculosis control.....	50,499.90
Southern Health District building equipment.....	10,363.33
U. S. Children's Bureau Funds	
Services for crippled children.....	4,254.34
Services for cerebral palsy project.....	39,217.52
The Johns Hopkins University rheumatic fever project.....	15,567.98
The Johns Hopkins University training program in audiology and speech.....	24,307.22
	\$2,554,672.98

II NONOFFICIAL EXPENDITURES

Baltimore City Chapter—National Foundation for Infantile Paralysis.....	\$93,984.69
Baltimore Hearing Society.....	19,270.30
Baltimore League for Crippled Children and Adults, Inc.....	67,157.51
Eudwood Sanatorium—city cases.....	5,691.92
Food Establishments—sanitary control.....	50,000.00†
Instructive Visiting Nurse Association.....	128,198.62
Johns Hopkins University—Eastern Health District.....	11,657.60
Laboratory services—hospital or private.....	140,000.00†
Maryland Division, Inc.—American Cancer Society.....	87,500.00
Maryland Rheumatic Fever and Heart Association.....	30,926.45
Maryland Society for the Prevention of Blindness.....	11,759.63
Maryland Tuberculosis Association.....	106,660.00
Mt. Pleasant Sanatorium—city cases.....	82,648.44
Pasteurisation plants—farm and laboratory control.....	170,000.00
Venereal disease control—hospital dispensaries.....	25,000.00†

Total..... \$1,030,432.16†
 This \$3,585,005.14 added to the City Health Department expenditures of \$1,770,976.28 gives an estimated

total of \$5,355,981.42 or \$5.62 per capita. This does not include large expenditures for water purification or sewerage, or for general hospital and medical care services rendered by the City Welfare Department.

† Approximate figure.

Personnel

Dr. Robert U. Patterson, Dean Emeritus of the Medical School of the University of Maryland and one of the Consultants to the City Health Department died on December 6, 1950. Mr. G. Yates Cook, formerly

Director of the Office of Housing and Law Enforcement, became director of the newly created Housing Bureau on March 8. Mr. Cook completed ten years of service with the City Health Department during which time he has been a leading protagonist in the fight for better housing and the elimination of the city's blighted areas. On April 1 Dr. Janet Hardy was appointed Director of the Bureau of Child Hygiene, a post which had been vacant since the death of Dr. M. Alexander Novey in 1949. Dr. Hardy replaced Dr. Henry F. Buettner, the acting bureau director who had also served as Director of the Bureau of School Hygiene. Following the resignation of Dr. George A. Silver, Health Officer of the Eastern Health District, on July 10 and the reorganization of the Bureau of Child Hygiene to include a Division of School Health, Dr. Buettner served as Acting Health Officer of the Eastern Health District. Dr. Kay K. Edwards became Assistant Director of the Bureau of Child Hygiene on September 6 and Dr. Alan Foord began his half-time duties as Associate Chief of the Division of School Health on October 1. Mr. Charles A. Rittler was promoted on July 1 from Senior Statistician in Medical Care to the position of Assistant to the Director of the Medical Care Section. On August 9 Mr. George W. Watson was appointed the Department's first nonmedical health administrator. On August 27 Mr. Ross W. Sanderson, Jr. joined the staff as Assistant Director of the Housing Bureau. On October 18 Miss H. Margaret Lea was appointed a nonmedical health administrator to serve as an assistant to the Director of the Bureau of Tuberculosis.

Health Information

The Health Information program of the Department reached out to many levels and segments of community life through the active participation of all the Department's administrative units and by the utilization of every available medium of communication, including individual conferences, group discussions, seminars, forums, the press, letters, other Health Department publications, the radio and television. Foremost among the activities of the year were those of the new Housing Bureau and its vigorous approach to the problem of educating and motivating the residents of blighted areas to higher levels of healthful living. The bureau collaborated in this work with many other community agencies and groups.

Civil Defense, fluoridation of the city water supply, the control of child lead poisoning, atmospheric pollution, community sanitation and mental hygiene provided fundamental problems which were approached by various methods of health information and education. City Health Department staff members also participated actively in public health and medical education at the Johns Hopkins University and the University of Maryland as well as in association with the schools of nursing in the city.

The weekly radio drama series on "Keeping Well" and the weekly television series on "Your Family Doctor" continued without interruption throughout the year. Both programs were produced jointly with the Medical and Chirurgical Faculty of Maryland and respectively by radio station WFBR and the *Sunpapers* television station WMAR-TV. Radio has served as a vehicle for health information in Baltimore for more than twenty years and the television program completed its third year at the close of 1951. Survey records showed a continuous increase in TV viewers and in December the program was estimated to hold an average audience of approximately 80,000 persons.

Other health information activities of importance during the year included the following:

1. The *Baltimore Health News* was published regularly and distributed to over 10,000 individuals and agencies in and beyond Maryland and abroad. Special articles were devoted to Housing, Lead Poisoning in Children, Requirements for Communicable Diseases, the New Day Nursery and Nursery School Regulations, and the Rules and Regulations Governing Medical Examiner Cases.
2. The 1950 ANNUAL REPORT of the Department and its summary, GUARDING THE HEALTH OF BALTIMORE were published and distributed to a selected mailing list including libraries, health workers and health agencies. The weekly "Saturday Letter to the Mayor" including the "Weekly Statistical Report" was issued to the press and to a mailing list of approximately 300 individuals and organizations. As a result of these and other periodic press releases 256 articles appeared in the daily press of the city. The "Quarterly Statistical Report" assembled by the Statistical Section was issued for the third successive year, and ten professional reprints were distributed to all physicians in Baltimore.
3. Thirty-nine exhibits were prepared for public education. These dealt with mental hygiene, lead poisoning in children, food control, toxoid production, dental health, housing, and sanitation.
4. Six new leaflets were issued in 1951. These were: "Baltimore Steps to Dental Health," "Polio Pointers for 1951," prepared jointly with the Baltimore Chapter of the National Foundation for Infantile Paralysis, "Mental Hygiene in Maternal and Preschool Child Health," "The Common Cold," "The Rh Factor in Blood" and "Some Household Tests for Food Wholesomeness." New posters included five on dental care and one on handwashing in Chinese for use in restaurants employing food handlers of that race.
5. Department staff members participated in 480 conferences and health meetings attended by approximately 154,639 persons.

6. Utilizing the services of the Enoch Pratt Free Library Film Department and the State Health Department Film Library the Bureau of Health Information was able to meet 308 requests for health film showings. In many instances staff members of the Health Department participated as guest speakers or served as discussion group leaders.
7. Library, editorial, duplicating and photographic services were made available to the Department.

Laboratories

A total of 239,434 examinations was made of 130,881 specimens and samples for medical-diagnostic and sanitary enforcement purposes. The Bureau of Laboratories continued its close working relationship with physicians and hospitals through 95 Health Department supply stations located in health district buildings, two professional buildings and selected drugstores.

Results obtained in the 1950-1951 Maryland State-Wide Syphilis Serology Survey were very gratifying. The three standard tests used in the City Health Department routine and special serologic laboratories and employed in this state-wide survey met the high standards expected of them.

Services involving the knowledge of the biological and chemical sciences and related to the diagnosis, treatment and prevention of disease included the examination of 86,864 specimens of blood for syphilis, 5,558 smears and 4,399 cultures for gonococcus infections, 11,430 specimens for tuberculosis, 745 cultures for diphtheria, 62 animals for rabies, 1,551 agglutination test specimens for infectious mononucleosis and 15,719 samples of milk, food products or industrial or other materials.

In the Division of Chemistry, 35,526 examinations were made of 11,919 samples. Both figures were decreases compared to the previous year. A total of 5,712 samples of milk or other dairy products was examined by the phosphatase test and in only one sample was there evidence of faulty pasteurization. Examinations were made of 685 blood specimens and 268 samples of paint scrapings as part of the field investigations of possible exposure to lead of 130 adults and 323 children.

The Bureau of Laboratories dispensed 29,502 packages of antitoxins, sera, vaccines and other biologicals to physicians and hospitals for use in the prevention or treatment of communicable diseases. Calls for immune serum globulin used in the prevention or modification of measles in children less than three years old showed a sharp upswing; 6,243 vials of this biological were dispensed from the central office, an increase of 5,574 over the number in 1950. Other biologicals which were in greater demand included triple antigen, a product used in the prevention of diphtheria,

whooping cough and tetanus, of which 45,310 c.c. were requested; rabies vaccine, of which 2,122 vials were sought and Koch's Old Tuberculin, of which 627 vials were requested. The demand for Volmer Patch Tests was also greater than in 1950; and a total of 1,876 packages of this product was dispensed as compared with 900 in 1950. Decreased demands were noted for diphtheria antitoxin, antipertussis rabbit serum and alum-precipitated diphtheria toxoid; 2,728,000 units of diphtheria antitoxin, 316 c.c. of antipertussis rabbit serum and 17,000 c.c. of alum-precipitated diphtheria toxoid were dispensed during the year.

In the investigative field, work was continued on the horse meat biologic-precipitin test originally developed in 1950. Other studies included the viability of coliform bacteria in estuary waters and an investigation of an unusual incident related to a false-positive phosphatase test.

Educational activities were continued in 1951 when the Health Department laboratory services were described to approximately 275 visitors from schools and other local institutions and to representatives from four other states. Lectures and demonstrations on laboratory services were given to medical students at the University of Maryland, and the bureau supervised certain work of three candidates for the Master of Public Health degree. These students were assigned to the bureau for two months early in the year by the Johns Hopkins School of Hygiene and Public Health.

Eastern Health District

In general the activities carried on in the Eastern Health District in previous years were continued during 1951. These included communicable disease and tuberculosis control, the administration of maternity hygiene, well baby, venereal disease, immunization and BCG clinics and a training program for staff and student nurses.

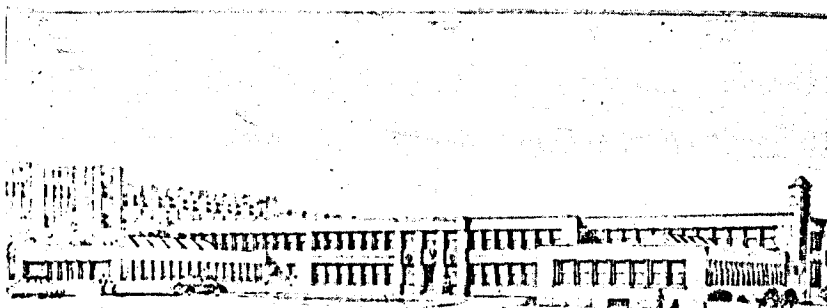
There was a decrease from the previous year in all communicable diseases except for measles, German measles and mumps. Measles increased from 17 cases to 864, German measles from 9 cases to 36 and mumps from 48 cases to 299. Paralytic poliomyelitis decreased from 23 cases the previous year to only 2 cases in 1951, and meningococcal infections decreased from 3 cases to 1.

In the tuberculosis control program the X-ray screening clinic took 5,574 X-rays of apparently healthy persons, of whom 176 needed follow-up and 11 were reported as new cases. Public health nurses made 5,775 visits in the supervision of cases of tuberculosis. BCG vaccine was administered to 237 persons especially exposed to the risk of contracting tuberculosis compared with 94 persons inoculated the previous year. Tuberculin tests were administered to 932 white children in Public School No. 83; 29 of these were found to be positive. In Public School No. 139, of 999 colored

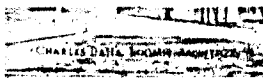
children tested 124 were found to be positive. All children reacting to tuberculin were given X-ray examinations.

Clinic patients made 7,593 visits to the venereal disease clinic in the Somerset Health Center, and there were 14,578 visits to the well baby clinics, as well as 1,779 antepartum visits to the prenatal clinics. School physicians examined 3,871 children in elementary public and parochial schools.

Seminars were conducted for newly appointed public health nurses on the City Health Department staff and for students of the Johns Hopkins



EASTERN HEALTH DISTRICT BUILDING
FOR THE MAYOR AND CITY COUNCIL OF BALTIMORE



THE PROPOSED NEW EASTERN HEALTH DISTRICT BUILDING

Hospital and Sinai Hospital Schools of Nursing. In addition, these groups were given two months of intensive field work in public health nursing. Senior medical students of the Johns Hopkins School of Medicine took part in a seminar in preventive medicine which included their participation in home visiting and social case studies. Graduate students in public health from the Johns Hopkins School of Hygiene and Public Health continued their observation and studies in district health administration during the first half of the year. Senior students at the Patterson Park High School and the Clara Barton Vocational High School were given a four-hour course in public health activities as part of their curriculum in civic experience. As already mentioned, Dr. George A. Silver, who had been Health Officer of the district since September 27, 1948 resigned on July 10, 1951.

Western Health District

The district was without a Health Officer during the whole of 1951 and the Assistant Commissioner of Health continued to act as temporary administrator. A nursing instructress from the University of Maryland Hospital staff was assigned to the district to act as a supervisor of the affiliate student nurses who were taking courses in the district.

A dental clinic opened on September 5 was the first to be established in the district under the new Dental Care program. It served students from ten public and parochial schools. Students from the senior class of the University of Maryland Medical School visited the district office and worked with staff personnel in preparing "Home Survey Reports." In the preparation of these reports, Health Department records were used and the district staff reviewed cases with the medical students. Fourteen student nurses from the University of Maryland Hospital School of Nursing affiliated with the district for instruction in public health field training.

Educational programs for public health nurses were also carried on in atomic warfare, mental hygiene and nutrition. Institutes were conducted in problems of tuberculosis and infantile paralysis. A lecture on new drugs was given to the nursing staff by Dr. John C. Krantz, Jr., Professor of Pharmacology in the University of Maryland School of Medicine, and Dr. Alan Foord of the Health Department's Division of School Health gave staff instruction in school hygiene. Field trips were made to the Kernan Hospital for Crippled Children and to the Victor Cullen State Hospital.

Druid Health District

Forty-seven clinic sessions were conducted weekly in the Druid Health District as follows: Adult venereal diseases 12, children's venereal diseases 2, prenatal 5, chest 10 and well baby 18. Of these, 28 were held in the district building and 19 elsewhere in the district. The Thursday morning prenatal clinic was moved to the Gilmor Housing Project early in the year to serve the many people who live in that neighborhood. A well baby clinic was conducted in the same project daily. Well baby clinics were held in Public Schools Nos. 176 and 141, and in St. Mary's Protestant Episcopal Church.

Three additional schools were placed under district supervision in September. This made a total of twenty-nine public and parochial schools served by district personnel. The District Health Officer was assisted by the Director of the Bureau of Health Information in arranging a series of neighborhood health meetings for residents in the area. The sessions were sponsored jointly by the City Health Department, Young Men's Christian Association, Police Boys' Club, Northwestern Community Council, De-

partment of Recreation and Parks and the Housing Authority of Baltimore City.

Seventy-six student nurses from various hospitals met regularly in the district building during the year to observe in the clinics or to receive instruction in public health nursing. Six student nurses at Provident Hospital completed their public health affiliation under Druid Health District supervision. Twenty nurses employed at the Henryton State Hospital observed in the district and in its chest clinic during 1951, and for the twelfth consecutive year, the Monumental City Medical Society held its regular monthly meetings in the Druid Health Center.

Southeastern Health District

Measles increased in incidence during the year with 645 cases reported as compared with 15 cases in 1950. Only 1 case of diphtheria and 2 cases of meningococcus meningitis were recorded.

An epidemiological investigation of the unusual prevalence of infectious hepatitis in the O'Donnell Heights Housing Project at Gusryan and O'Donnell Streets was conducted in February and again in November and December. A house-to-house survey of the 888 occupied housing units disclosed a total of 115 cases and no death in 84 families. Seventy-five per cent of the cases were in children of school age. These investigations provided additional evidence that this virus disease is spread by person-to-person contact probably by nose and throat droplet infection.

In order to improve the Health Department services in the district a new Southeastern Health District building was planned and for this on May 25 work was begun on the demolition of a former school building at 3411 Bank Street. Ground-breaking ceremonies in which Mayor D'Alesandro participated were held on June 14.

On May 1 Child Health Day was celebrated for the second successive year with an open house and special health meetings at Kenwood Avenue and Hudson Street. These meetings were sponsored jointly by the Southeastern Health District and the Canton Area Council. Community mass chest X-ray surveys were held again for the Eastern and Southeastern Community Councils and the Canton Area Council by the City Health Department with the assistance of the Maryland Tuberculosis Association. During the year 3,263 persons fourteen years old or older were X-rayed.

Educational activities for the public health nurses included monthly staff conferences and seminars on mental hygiene and nutrition, instruction on the nursing aspects of civil defense and field trips to the Baltimore City Hospitals for conferences on the post-sanatorium care of tuberculosis cases. The district also provided affiliate instruction in public health nursing for students enrolled at St. Joseph's Hospital and the University of Maryland

Hospital Schools of Nursing. In addition, special health programs were organized in the district public and parochial schools and health talks to lay and civic groups were given by the district staff throughout the year. Mothercraft classes were held weekly for expectant mothers, and for the tenth consecutive year the East Baltimore Medical Society held its monthly meetings in the district building.

Southern Health District

The Southern Health District building was dedicated on June 12 by Mayor D'Alesandro. Several new clinics were opened in the new building: The prenatal clinic on April 10, the chest clinic on April 16, the venereal disease clinic on July 2 and the dental clinic on September 24.

No unusual incidence of communicable disease was noted except for an expected increase in measles during the latter part of the year. Individual reports from practicing physicians seemed to indicate an increased incidence of infectious hepatitis. Since this was not a reportable disease no estimates could be made of the number of cases.

The public health nurses as a group supervised an average of 284 cases of tuberculosis each month, and made a total of 2,830 field visits in connection with this disease during the year. Tuberculosis case-finding activities were expanded in June after arrangements had been made for the South Baltimore General Hospital to have all their newly admitted out-patients referred to the chest clinic for X-rays. Persons attending the venereal disease clinics were referred to this service beginning in December. Two neighborhood mass X-ray surveys were conducted in the district. Declines in syphilis and gonorrhea resulted in a decrease in patient-visits to both the Calvert Street and Southern Health District building clinics; these patient-visits totaled 12,874 in 1951 as compared with the 14,416 in 1950.

Visits to the two district prenatal clinics totaled 1,468. Educational activities in the prenatal clinic located in the district building included a series of maternity hygiene discussions for mothers attending the clinic. In November, classes on newborn care were organized for mothers on the obstetrical wards of the South Baltimore General Hospital. Well baby clinic visits for the nine clinics in the district totaled 10,378. This represented a 13 per cent increase over the 1950 figure. Group discussions concerned with the various aspects of child growth and development were inaugurated by the public health nurses in June and a Mothers' Counseling Service was established by Dr. Sibyl Mandell, Chief of the Division of Mental Hygiene, in September in order to provide a needed service for mothers whose children attended the well baby clinics.

School health activities included: The examination of 2,730 elementary public and parochial school children; a survey of the physical facilities avail-

able in the schools for the examination of children, which survey revealed that health suites were markedly inadequate particularly in the Negro schools; the showing of a filmstrip entitled "Teacher Observations of School Children" by the district public health nurses to the faculties of several of the elementary schools; and the expansion of the new and growing dental services to include five additional schools, thus making a total of nine schools where children in the primary grades in the area may receive dental care out of the twenty-five schools in the district.

In January a health committee was formed as part of the Cherry Hill Coordinating Council. This committee sponsored a community-wide X-ray survey in June. Periodic meetings were also held jointly with Southern District supervisors of the Department of Public Welfare, the Family and Children's Society, and a representative of the Tenant Relations Division of the Housing Authority of Baltimore City. The purpose of these meetings was to aid in coordinating health and social services for the betterment of the residents in the district.

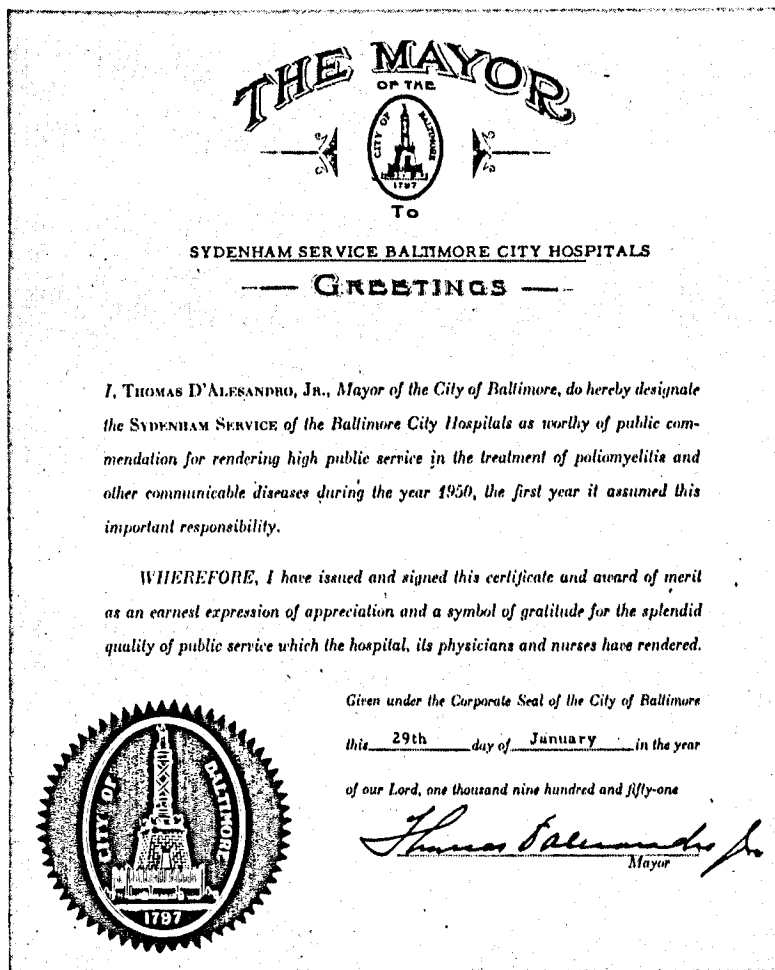
Teaching activities were provided for several categories of students. Student nurses from the University of Maryland Hospital and the Franklin Square Hospital Schools of Nursing had eight weeks affiliation in public health nursing in the district; student nurses from the Union Memorial Hospital and students in the classes in child care at Public School No. 159 observed weekly at varying intervals in the well baby clinics; students from the Eastern High School and the Gilman School observed some of the district activities; the Bureau of Food Control conducted classes for 151 food handlers in the building and the auditorium was utilized by the Parent-Teacher Associations of various elementary schools in the district, the Girl Scouts of America and other groups for health education meetings and other community affairs.

The Home Accident Study begun in 1950 by a student from the Johns Hopkins School of Hygiene and Public Health was completed in March. At the close of the year the results were under study to determine how they may be made most useful. The district staff analyzed the results of the nursing home visits made in the diphtheria immunization campaign and certain administrative procedures were changed which increased the overall efficiency of the program.

Miss Sylvia Miller was assigned to the district as an additional supervisor in public health nursing in January. The District Health Officer, at the request of the U. S. Public Health Service, was assigned to its Communicable Disease Center at Atlanta, Georgia, for a five-week period during July and August to assist in the instruction of Epidemic Intelligence Service Officers. He also served as Assistant Director of Administration for the Civil Defense Health Service of the city.

Communicable Diseases

During the year 21,291 cases of communicable diseases were reported. Increases were noted in measles and mumps and decreases were evident in chickenpox, diphtheria, meningococcus meningitis, paralytic poliomyelitis, typhoid fever and whooping cough. The reported cases of typhoid dropped from 8 in 1950 to 5 in 1951.



BALTIMORE CITY HOSPITALS WINS AN AWARD

On January 29, as a tribute to the superior services rendered during 1950 in the care of poliomyelitis patients and other communicable disease cases, Mayor D'Alesandro awarded a certificate of merit to the Sydenham Service of the Baltimore City Hospitals. This new hospital program was initiated

on the closing of Sydenham Hospital at Lake Montebello on December 31, 1949.

The City Health Department on April 20 issued a revision of its chart which gives the isolation requirements and other information on some of the more important communicable diseases that affect children. The new chart with a special article on it appeared in the August-September issue of *Baltimore Health News*.

Diphtheria and Meningococcus Meningitis

The number of reported cases of diphtheria decreased from 60 cases in 1950 when there was a sharp outbreak in the southern section of the city to the record low figure of 8 cases in 1951. The one death occurring from diphtheria on December 20 was in a three-year-old colored child who had never had the protective toxoid inoculation.

Protective diphtheria toxoid inoculations were administered to 25,189 persons; of these, 8,687 received booster doses.

CHILDREN RECORDED AS RECEIVING DIPHTHERIA TOXOID INOCULATION
BALTIMORE, 1917-1951

AGENCY	1951	1950	1919	1918	1917
Physician's Practice	9,333	9,970	10,346	11,909	12,582
Preschool Clinics	10,423	11,215	12,650	11,716	12,859
School Clinics	5,433	10,529	8,523	19,643	14,038
Total	25,189	31,714	31,519	43,268	40,379

The reported cases of meningococcus meningitis decreased from 26 cases and 9 deaths during 1950 to 17 cases and 5 deaths during 1951. The duration of illness in 3 of the patients that died was reported as one day while three days was the reported duration of the other 2 patients.

Other Communicable Diseases

There were 15 cases and 1 death from paralytic poliomyelitis, a considerable decrease when compared with 225 cases and 9 deaths recorded during 1950. The number of reported cases of measles was 4,376 with 1 fatality. Whooping cough decreased from 1,425 cases in 1950 to 227 cases and no fatality in 1951. The reported cases of scarlet fever numbered 302 for the year, practically the same figure as for the previous year. For the twenty-third consecutive year there was no smallpox in Baltimore; the last recorded case was reported March 9, 1928.

Tuberculosis

During 1951 the total number of deaths from tuberculosis among residents of Baltimore was 497, of which 212 occurred among white persons

and 285 among Negroes. In 1950 there had been 536 tuberculosis deaths, 235 among white persons and 301 among Negroes. Negroes suffered 56 per cent of the 1951 fatalities from tuberculosis although they constituted only 24 per cent of the population, a ratio that has changed little for many years.

The death rate from tuberculosis for all Baltimore residents was 52.1 per 100,000 population. For white residents, the rate was 29.3 and for Negroes 123.9. Comparable figures for 1950 were 56.4 per 100,000 for the total tuberculosis death rate, 31.3 for the white race and 151.3 for Negroes. The 1951 mortality rates were the lowest ever recorded in Baltimore for both races and because of the 1950 Census were more accurate than the rates published for the past several years. It has become apparent that the estimated Negro population during recent years was lower than the actual population. Although the downward trend of mortality rates is very encouraging the Negro death rate remained four times greater than that for the white population.

During the year there were 1,373 new cases of tuberculosis reported, of which 668 were in white persons and 705 in Negroes. Of the total number, 91 were reported after death, 39 of them for white persons and 52 for Negroes. These reports, which were made up from death certificates, constituted 6.6 per cent of the total number of new registrations.

In 1951 case-finding programs of various types were responsible for chest X-ray examinations of 105,118 persons in Baltimore. The City Health Department with the assistance of the Maryland Tuberculosis Association X-rayed 50,654 apparently healthy persons with a mobile 70 millimeter photoroentgen unit. Of this group, 30,255 were white persons and 20,399 were Negroes. At the Eastern Health District, 5,574 apparently well persons were examined by means of 4 x 5 inch films. Similar X-ray equipment was used at the Druid Health Center to examine 897 prenatal patients. At the new Southern Health District, 874 microfilms were taken of outpatients of the South Baltimore General Hospital, Health Department employees and a small number of food handlers. In the three largest general hospitals in Baltimore, 33,468 examinations were made with 70 millimeter photofluorographic units provided several years ago by the City Health Department. The Baltimore City Hospitals took 7,081 chest microfilms, the Johns Hopkins Hospital X-rayed 18,783 persons and the University of Maryland Hospital made 7,604 examinations. The Maryland Tuberculosis Association took 35 millimeter chest films of 13,651 individuals in its central office.

BCG vaccination against tuberculosis was used for an increasing number of persons during 1951 but was confined in its use to groups most likely to suffer unusual risk from tuberculosis. Weekly vaccination clinics were held at the Eastern Health District where 237 persons received the vaccine

during the year. Those receiving BCG were 170 uninfected children who were contacts of known cases, 5 City Health Department nurses, 45 student nurses from one of the general hospitals, 2 medical students and 15 other hospital employees. The joint program of the Baltimore City Health Department and the Johns Hopkins Hospital, initiated in 1950 for the vaccination of all Negro babies born at the hospital, was continued during 1951. There were 1,149 Negro newborns who, with parental consent, received BCG during the year. Of these, 927 were residents of Baltimore City and 222 were from the counties of Maryland.

The critical shortage of beds for hospitalization of the tuberculous of Baltimore, a situation which has existed for many years, was intensified during 1951. With no new hospital beds yet available, and, in fact, with fewer beds because of the demolition of a wing at the Baltimore City Hospitals to make place for a new unit, the waiting lists were the longest in recent years. The situation was further aggravated, ironically, by the improvement of treatment in the tuberculosis hospitals which led to fewer irregular discharges, fewer fatalities and consequently fewer vacancies. It is good to report that the new 300 bed wing at the Baltimore City Hospitals, the 300 bed addition to the Mt. Wilson State Hospital and the new 300 bed Veterans Administration Hospital in the city are expected to be ready to receive patients by the end of 1952.

Venereal Diseases

During the year 2,627 cases of syphilis, 6,511 cases of gonorrhea and 206 cases of chancroid were reported. The decline in reported cases of primary and secondary syphilis continued; only 207 cases were reported as compared with 361 in 1950. Recorded cases of gonorrhea declined substantially for the first time since the sharp rise began in 1944 when 2,930 cases were reported.

Both the morbidity and mortality rates for congenital syphilis in infancy continued to decline to the lowest rates so far on record in Baltimore, and the resident death rate from syphilis declined to a new low rate of 8.9 per 100,000 population.

Approximately 45 per cent of the 5,826 contacts investigated by the Health Department were examined or found to be already under treatment or observation for infection. Of those examined 42 per cent were found to have a venereal disease. Of those not examined 71 per cent could not be found and 29 per cent refused to report for examination. The public health nurses and social workers made 5,986 visits during the year in the investigation of contacts and the follow-up of delinquent patients.

A venereal disease clinic was opened on July 2 in the new Southern Health District building to provide more convenient service to the residents of the southern area of Baltimore. To compensate for the transfer of

some Calvert Street clinic patients to the new clinic, and in order to help staff the new clinic, two weekly clinic sessions were discontinued at the Calvert Street clinic, but the total number of weekly clinic sessions at all of the Health Department venereal disease clinics was increased from 22 to 24.

The Health Department venereal disease clinics admitted 11,095 patients during the year. Admissions for syphilis continued to decrease. Admissions for gonorrhea declined substantially for the first time in seven years. Patients made 41,290 visits to the clinics as compared with 47,893 in 1950. The decline was due to the decrease in admissions for both gonorrhea and syphilis.

Other medical agencies referred 624 patients to the Health Department venereal disease clinics because of inability to pay for treatment, treatment delinquency, availability of evening clinics or other reasons. Of these, 43 were pregnant women with syphilis and 142 were in urgent need of follow-up due to communicable syphilis.

The Calvert Street clinic collected 1,976 blood specimens during the year for tests for syphilis for the City Service Commission. The city isolation ordinance, Sections 215-218 inclusive of Article 12 of the Baltimore City Code of 1950, designed to prevent the spread of communicable diseases in Baltimore was invoked in 15 instances, twice against persistently promiscuous contacts of infected men in the Armed Forces and 13 times against patients with early syphilis who refused to take treatment. Ten of the 15 persons involved were brought to treatment, 5 of them as the result of court action. Five could not be found. As the result of collaboration between the Health Department and the Juvenile Court 8 infants born to mothers with syphilis were examined after their mothers had first refused to have them examined. Six of the mothers had to be brought into court before they would agree to the examination of their infants.

The Health Department and the Armed Forces collaborated in the investigation of 602 contacts of infected military personnel, and in the examination and treatment of 228 selectees found to have positive serologic tests for syphilis at the time of examination at the induction stations.

Appropriations were made to the Health Department which will permit the expansion in 1952 of the prenatal clinic services so that any pregnant woman in the city who cannot afford private prenatal care may receive it in the clinics. Most of the congenital infections with syphilis now occur in the infants of mothers with syphilis who have not been able to obtain prenatal care anywhere. This expanded service should make it possible to detect syphilis in most mothers in time to prevent the infection of their infants through adequate penicillin therapy. It should be possible to report, in the near future, that congenital infections with syphilis have been reduced to that minimal, small number which will occur as the result of the

infection of a mother so late in pregnancy that it cannot be detected and treated in time to prevent the birth of an infected infant.

Child Hygiene

During the year the Bureau of Child Hygiene reorganization was advanced by Dr. Janet Hardy, its new director. Mention has been made of the appointment of Dr. Kay K. Edwards as assistant director and of Dr. Alan Foord as Associate Chief of the Division of School Health.

Baltimore mothers gave birth to 22,630 babies in 1951, an increase of 1,248 over the prior year; 92.9 per cent of these babies were born in hospitals; 97.6 per cent were delivered by physicians, and only 0.1 per cent of all deliveries was unattended by either a physician or midwife. The maternal mortality rate reached the record low figure of 0.4 per 1,000 live births. Twelve prenatal clinic sessions were held each week and during the year 1,847 patients made 11,371 clinic visits. Twelve hundred and seven prenatal clinic patients were delivered at Baltimore City Hospitals; this number represented 37 per cent of the total number of patients delivered in that institution.

The infant mortality rate for the year 1951 was 29.8 per 1,000 live births as compared with 27.2 for 1950. Prematurity and congenital malformations remained the leading causes of death in the first month of life. Pneumonia, tuberculosis and lead poisoning were the three leading causes of death in children over a year old but under five years of age. Well baby clinic records revealed 70,569 visits to 42 clinic locations where 81 sessions were conducted each week. Diphtheria toxoid inoculations in the clinics numbered 10,423 and 8,275 children were vaccinated against smallpox. In September the Health Department began to use triple antigen in place of diphtheria toxoid to produce immunity to tetanus and whooping cough as well as to diphtheria.

Seventy-six day nurseries, caring for a total of 2,766 children, held licenses during the year and 394 Class A Family Homes were inspected for eight agencies.

The Divisions of Mental Hygiene and Nutrition continued to provide consultant and educational services for parents of children enrolled in the well baby clinics and in-service training sessions for Health Department personnel, chiefly the public health nurses. As part of the mental hygiene services a Mothers' Counseling Service was started in the Southern Health District building in September.

School Health

School physicians examined 23,256 pupils during the year and 9,034 were found to have physical defects. A total of 5,082 children had dental defects;

3,350 had defective tonsils; 1,059 had defective adenoids and 637 had defective eyes. Attention to 2,917 dental defects led the list of corrections accomplished during the year; defective tonsils and adenoids ranked second with 1,192 children treated.

Of the 1,164 pupils who had their eyes refracted, 940 were found to need glasses. Vision screening in the schools using either a Snellen chart or the Massachusetts Vision Test Kit was increased but continued to fall short of complete coverage of all elementary grades. Screening for impairment of hearing was carried out by the Department of Education as in the past. Once again pediculosis capitis was the greatest single cause for exclusion from school with 925 instances reported by school nurses. Only two pupils were temporarily excluded from school because of failure to have been vaccinated against smallpox. School physicians inoculated 338 preschool and 5,045 school children against diphtheria and vaccinated 204 children in order to prevent smallpox.

During the fall of 1951 meetings were held with the Department of Education for the purpose of increasing the effectiveness of the school health program by a greater utilization on the part of the doctor and the school nurse of teachers' observations of school children for referral purposes. The eye clinic examined or treated 1,159 patients who made a total of 2,680 visits. Of the 888 children whose eyes were refracted, only 158 were advised they did not need glasses. Five hundred and seventy-three pairs of glasses were provided for school children in the clinic. The ear clinic saw 938 patients who made 1,260 visits during the year. For the same period 1,197 audiometric tests were given, and 60 of these patients were treated with radium.

Dental Care

Two new programs of dental care inaugurated in 1950 were continued and expanded during 1951. The constructive and preventive treatment program for children attending the public and parochial schools of Baltimore was enlarged by the activation of four new dental clinics with the opening of the schools in September and the emergency treatment program for persons receiving public assistance was extended through 1951 by agreement with hospitals participating in the Baltimore City Medical Care Program.

Altogether eleven dental clinics for school children were in operation by the end of the year. Ten were located in elementary public or parochial school buildings and one in the recently completed Southern Health District building. With the exception of the two-unit clinic in that building each utilized a single modern dental unit and chair and was staffed by a dentist and an assistant engaged primarily in preventive procedures.

All children in the areas served were inspected for dental defects at the beginning of the school year. If a child was found in need of treatment, his parents were advised accordingly and urged to take him to a private dentist if possible. Treatment was provided in Health Department clinics only when follow-up disclosed that the child would not otherwise receive the needed attention.

With minor exceptions no children beyond the second grade were admitted to the program in 1951. This was in keeping with a policy of beginning the program in any school with children of the prekindergarten, kindergarten and first grade, but with provision for continuing the benefits of annual dental inspection and treatment as they advance into higher grades. At the end of 1951 the program had been extended to 8,547 children attending 43 public and parochial schools. This compares with 3,722 children from 22 schools during 1950. Of the 8,547 children whose teeth were inspected 1,559 received dental treatment in Health Department clinics, an increase of 618 over the prior year. Of the treated children, 1,068 were completed cases. An additional 1,411 children of all ages referred from 29 scattered elementary schools received emergency services.

Emergency dental care under the Baltimore City Medical Care Program was provided for 1,926 recipients of public assistance. These persons received 5,262 treatment services in six hospital dental clinics during 1951. In the preceding year 1,648 persons received 5,213 treatment services under this program.

Dental health education, particularly for parents and children, was provided in the school dental program. This was associated chiefly with the inspection of children's teeth by clinic dentists early in the school year. Of the 8,547 children whose teeth were inspected, 2,090 were accompanied by a parent. Accompanied children were chiefly those in their first year of school. About half of the kindergarten and first grade children were inspected in the presence of a parent. Information on teeth and their care was also disseminated by numerous talks, by radio, television and by the widespread distribution of posters and literature.

During 1951 the Health Department continued its study of the advisability of fluoridating the city water supply to reduce tooth decay. This study was completed on November 29 with the release by the National Research Council of a favorable report on fluoridation. Thereupon the Commissioner of Health recommended to Mayor D'Alesandro that it would be well, on the basis of the committee findings, for Baltimore City to move forward with the plan he had sponsored so actively to fluoridate the city water supply. At the year's end the Maryland State Board of Health had approved the plan of the City Bureau of Water Supply to add hydrofluosilicic acid to the water to attain one part per million of fluorine,

the optimal concentration for dental health. Steps were also being taken to procure the chemical and the needed equipment.



THE DENTAL ADVISORY COMMITTEE DISCUSSES FLUORIDATION

In the photograph are shown (left to right): The Committee members, seated; Dr. George M. Anderson, *Member of the Maryland State Board of Health*; Dr. M. Edward Coberth, *Assistant Professor of Pedodontics at the Baltimore College of Dental Surgery of the University of Maryland*; and Dr. Edward D. Stone, Jr., *Chairman of the Baltimore City Dental Society Committee on Dental Care for School Children*; and standing, Dr. H. Berton McCauley, *Director of the Bureau of Dental Care*, and the Commissioner of Health.

Public Health Nursing

The Bureau of Public Health Nursing continued its program of providing nursing service for various bureaus in the Department. A Staff Nurses' Council was organized in 1951 in order to give the staff an opportunity to participate in program planning, to share in the establishment of sound personnel policies, and to stimulate the education of the public health nurses. One public health nurse was assigned to assist in the Baltimore Plan Pilot Study under the Housing Bureau in a sixteen block area in the Eastern Health District. Two nurses assisted in the U. S. Public Health Service chrome study conducted among the employees of a fertilizer plant designated as a control in the study.

Visits were made by the public health nurses in connection with a tuberculin study conducted by the Bureau of Child Hygiene in a number of well baby clinics and an equal number of control clinics. One nurse was assigned to the Bureau of Tuberculosis to assist with the BCG study conducted in cooperation with a local hospital. Nine hundred and twenty-seven infants who had been vaccinated with BCG were patch-tested by

the public health nurses and were given follow-up services. The opening of four additional dental clinics brought the total number of clinic sessions in which the public health nurses gave assistance to fifty-three. The nurses conducted the program of health education and follow-up with emphasis on preventive dental hygiene. The supervisor assigned to the Bureau of Industrial Hygiene made a total of 399 home visits in the investigation of lead poisoning cases. This included special visits to demonstrate the field studies of lead poisoning in children for new staff members and for medical and nursing students.

Dr. Sibyl Mandell, Chief of the Division of Mental Hygiene in the Bureau of Child Hygiene, conducted a series of seminars in mental hygiene and Miss Eleanor McKnight, Chief of the Division of Nutrition in the Bureau of Food Control, continued her discussions with the new staff. Both division chiefs assisted in the clinic teaching. Demonstrations of the technique of terminal sterilization were presented to the staff since many of the hospitals were sending mothers of new babies home with instructions for this method of formula preparation. One supervisor assumed the responsibility of presenting to the staff Parts I and II of the civil defense training manual for nurses with conferences and films. Representatives from the health districts attended the Tuberculosis Institute on March 5 to 9 which was sponsored at the Baltimore City Hospitals by the three State nursing organizations and the Maryland Tuberculosis Association. Important recommendations made at the Institute were reviewed and were adopted by the Bureaus of Tuberculosis and Public Health Nursing. The nurses and supervisors attended the monthly pending-discharge conferences regarding tuberculosis patients conducted by the Baltimore City Hospitals at which all of the interested community agencies discussed plans for patients with special problems prior to their discharge from the hospital.

For the third year the State nursing organizations, the American Red Cross, and the National Foundation for Infantile Paralysis held a nursing-polio-myelitis institute and the Bureau of Public Health Nursing sent several representatives to attend the meetings. Educational funds were made available for one staff nurse to complete work on a Bachelor of Science degree and for one supervisor to attend summer school for work towards her degree. Fourteen nurses were trained as nurse-technicians in the venereal disease clinics. The supervising nurse held a series of conferences on interviewing techniques and thirty public health nurses were given this preparation in interviewing. Nurses' aides have been used in the venereal disease clinics to a total of 24 clinic sessions per week. They served as nonprofessional assistants replacing the public health nurses.

Thirty-six affiliate students from five basic schools of nursing were given eight weeks orientation in public health nursing in the five organized health districts. One hundred and eighty-three clinic and school observation periods were provided for students from various additional schools of nursing in the city.

The home visits of the public health nurses made during 1951 are shown in the following table:

HOME VISITS OF PUBLIC HEALTH NURSES—1951

SERVICE	TOTAL	WHITE HOMES	COLORIED HOMES
All home visits	150,831	74,398	76,433
Maternity hygiene	18,865	2,670	16,195
Infant health supervision	53,955	32,305	21,650
Preschool health supervision	21,810	11,330	10,480
School health supervision	10,650	9,835	815
Tuberculosis	25,405	10,670	14,825
Venereal disease	5,986	358	5,628
Acute communicable disease	10,290	4,905	5,385
Other morbidity	2,450	1,580	870
All others	1,330	745	585

In 1935 the Bureau of Public Health Nursing made 241,972 visits while in 1951 the nurses made 150,831 visits. During this span of years the public health nursing program has shown marked changes and the increase in clinic services by the nurses has caused the chief decline in the total number of home visits. More selective visiting to school children and a changing emphasis in the school program has since 1935 reduced total visits in this part of the program. Absentee visiting was discontinued and defect follow-up visiting was replaced to some extent by health conferences in the school with the parent. Annual case review and selective visiting account for the reduction in tuberculosis visiting. An intensive program in venereal disease treatment and follow-up has increased the number of visits made for the control of syphilis and gonorrhea. The total volume of nursing visits associated with child hygiene and communicable disease has remained about the same since 1935.

Thirty-five public health nurses resigned in 1951 and thirty-two new nurses were appointed. Five nurses accepted commissions in the Armed Forces Nurse Corps and the balance left because of marriage, maternity or other reasons. Three nurses, Miss Marie Buckless, Mrs. Blanche Craig, and Miss Elizabeth Moore, who had worked a total of eighty-six years in the Bureau of Public Health Nursing, retired in 1951. As a result of these changes and because of the difficulty in obtaining additional personnel with public health nursing experience, intensive in-service training and orientation were given to the new staff appointees.

Medical Care

The restrictions that had been placed upon the Baltimore City Medical Care Program in late 1950 continued throughout 1951. The maximum number of persons receiving public assistance that could be cared for by the funds available remained at 22,000 except for the one month of June, when 23,004 persons were eligible to receive its benefits. This number stands in sharp contrast with the number on relief which totaled 28,296 unemployable persons in January. Relief rolls declined rather steadily to 23,757 by the end of the year, but due to carry-overs the number not provided for was always disturbing. At no time could the Health Department assign for care to the six hospitals having medical care clinics the total number of persons certified to it by the Department of Public Welfare.

The six medical care clinics continued in operation throughout the year, and provided adequate facilities for the care of registered persons who were recipients of public assistance. Expenditures of Maryland State appropriations for medical care in Baltimore City totaled \$544,792.28 for 1951. In addition the City furnished \$24,253 for administration of which \$3,688.38 was chargeable to other city accounts for the use of such facilities as telephones, postage, office rent and other like services, leaving a net expenditure of \$20,564.38. These sums provided \$10.00 for each public assistance client assigned for hospital medical care clinic services, \$7.00 for each person referred to a personal physician for home and office care, \$6.25 for drugs and medical supplies for each assigned public assistance client, \$1.00 for emergency dental care and \$2.05 for administration for each such client. The total cost per year for each assigned client was \$25.77.

The degree of cooperative participation of physicians in the program continued to be a source of great satisfaction to the City Health Department. Of the 300 who participated, none withdrew their support except those who entered military services or who were forced to discontinue this work due to physical disability.

During the year there were 92,467 prescriptions for drugs and medical supplies paid for under the Medical Care Program. They were filled by 274 different pharmacists. The emergency dental treatment services established at the six hospitals having medical care clinics were continued throughout the year.

Milk Control

The year's highlights in milk control activities were a nearly perfect phosphatase test record on the city milk supply, the completion of twenty years of Sanitary Milk Production Contests, and noteworthy progress in

the dairy farm construction program. While long range educational programs for the improvement of milk and milk products sanitation were vigorously pursued bureau activities centered chiefly around positive control of pasteurization efficiency and subsequent protection of the pasteurized products.

More than 11,000 inspections were made by the bureau staff and approximately 8,000 samples were submitted to the Bureau of Laboratories for bacteriologic and chemical examination. Out of a total of 4,904 phosphatase tests made on city-wide random samples of pasteurized milk only one test indicated faulty pasteurization. It was gratifying that due to close coordination between the Bureau of Laboratories, the pasteurization plant and the Bureau of Milk Control none of the very small volume of questionable milk was distributed or consumed.

Rounding out twenty years of Sanitary Milk Production Contests sponsored by the Health Department the 290 high school students in the 1951 contest raised to 6,742 the total number of prospective farmers trained under Bureau of Milk Control supervision. The wholesome influence of farmers who as students participated in the long range Health Department investment in milk sanitation has become more apparent each year among the producers of the city milk supply.

The dairy farm construction program launched in 1940, when *Specifications for Dairy Houses and Milking Stables* were approved and promulgated by the Commissioner of Health, was temporarily discontinued during World War II. Following the war an attempt was made to revive the program but this nation's entrance into the Korean conflict again threatened to disrupt the program. However, during 1951 very noticeable progress was made toward the original goal of 100 per cent compliance with construction requirements on all farms. Although it was necessary to exclude a large number of farms that refused to comply with correction orders, at the close of the year approximately 34 per cent of the farms were in complete compliance and 41 per cent were in a high degree of compliance.

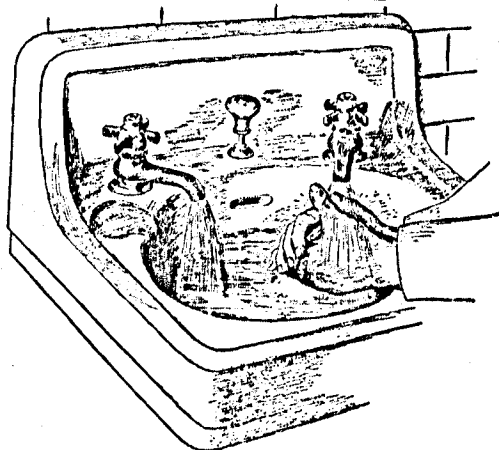
Food Control

Food establishments in the city including retail food stores, restaurants, drug store soda fountains, confectioneries, food manufacturing plants, food warehouses and institution food departments continued to show improvement in over-all sanitation and general cleanliness. This was accompanied by a decline in the number of illnesses caused by contaminated food. The two trends, the improvement in food establishments and the small number of outbreaks of food poisoning among city residents, may be attributed largely to a program of close supervision which involves inspectional, cooperative, instructive and regulatory procedures. The vigorous promo-

Learn to Do Your Part in the Prevention of Disease
BALTIMORE CITY HEALTH DEPARTMENT
HURTINGTON WILLIAMS, M. D.
COMMISSIONER

ΕΙΔΟΠΟΙΗΣΙΣ ΕΙΣ ΧΕΙΡΙΣΤΑΣ ΤΡΟΦΙΜΩΝ

ΠΛΥΝΕΤΕ ΤΑ ΧΕΡΙΑ ΣΑΣ ΟΤΑΝ ΦΕΥΓΕΤΕ ΑΠΟ ΤΟ
ΑΠΟΧΩΡΗΤΗΡΙΟΝ ΚΑΙ ΠΡΟΤΟΥ ΧΕΙΡΙΣΘΗΤΕ ΤΡΟΦΙΜΑ
ΚΑΙ ΕΡΓΑΛΙΑ ΤΡΟΦΗΣ



ΝΑ ΧΡΗΣΙΜΟΠΟΙΕΙΤΕ ΠΟΛΥ ΣΑΠΟΥΝΙ, ΖΕΣΤΟ ΝΕΡΟ,
ΒΟΥΡΤΣΑ ΧΕΡΙΟΥ, ΚΑΙ ΙΔΙΑΙΤΕΡΑ ΠΕΤΣΕΤΑ.

ΣΑΣ ΩΘΟΥΜΕΝ ΝΑ ΤΕΛΕΣΕΤΕ ΤΑ ΑΝΩΤΕΡΩ ΔΙΟΤΙ:

1. Ἀνθρώπινες ἀκαθαρσίαι καὶ ἐκκρίσεις εἶναι πολλὴ ἐπικίνδυνος εἰς τὴν ὑγίαν.
2. Περιπτώσεις ἀσθενειῶν παρανοιάσθησαν νὰ προέρχονται κατ' εἰδίαν ἀπὸ ἀπροσέκτους χειριστὰς τροφίμων οἱ ὅποιοι δὲν εἶναι τακτικοὶ καὶ καθαροὶ εἰς τὰς συνήθειάς των.
3. Τὸ χερτὶ τοῦ ἀποχωρητηρίου εἶναι ἀδύνατον νὰ προφυλάξῃ τὰ χέρια ἀπὸ ἀκαθαρσίαις.
4. Ἐὰν τοιαύτης ἀκαθαρσίας ἔλθουν εἰς ἐπαφὴν μὲ τροφίμα ἐξ αἰτίας ἀκαθάρτων χειρῶν, διάφορες ἀσθένειαι ὡς τὴν Τύφος, Δυσεντερία καὶ Τροφοδηλητηρίασις εὐκόλως μεταδίδονται εἰς τοὺς γενματίζοντας.

ΠΡΟΦΥΛΑΣΣΕΤΕ { ΤΟΝ ΣΥΜΠΟΛΙΤΗΝ ΣΑΣ ΑΠΟ ΑΣΘΕΝΕΙΩΝ
ΤΟΝ ΕΡΓΟΔΟΤΗΝ ΣΑΣ (BOSS) ΑΠΟ ΝΟΜΙΚΕΣ ΔΙΚΕΣ
ΤΟΝ ΕΑΥΤΟΝ ΣΑΣ ΚΑΙ ΤΗΝ ΔΟΥΛΕΙΑΝ ΣΑΣ

FC 606

ISSUED BY THE
BUREAU OF FOOD CONTROL
FERDINAND A. KONFF, DIRECTOR

FOOD HANDLERS—WASH YOUR HANDS
A POSTER FOR EMPLOYEES OF GREEK ORIGIN

tion of this work and the joint efforts of food handlers and sanitarians were the keynotes in the city's food control program in 1951.

An example of the Health Department's educational work is shown in the accompanying poster for food handlers. About 4,500 copies were distributed to 1,500 food establishments during the year and these were seen by about 5,000 employees.

Sanitarians made 18,749 inspections during the year; 77 classes for food handlers were attended by 1,538 persons; legal procedures brought 29 recalcitrant food establishment proprietors to court where they paid a total of over \$4,000 in fines. The illegal practice of adding sulfites to ground meat was investigated and the dealers engaged in these fraudulent practices were promptly prosecuted. The sale of a dangerous metal polish containing cyanide by two large department stores was stopped and the managements were directed to call back through newspaper advertisement all such polish sold. No cases of illness were reported from this product. Large shipments of poultry and damaged food brought into the city were condemned immediately by bureau sanitarians and their prompt action prevented this potentially hazardous food from being purchased or consumed. Routine investigations and control action of this nature were responsible for a generally healthful city food supply during 1951.

The establishment of cooperative working relationships with federal, state and other city departments and with members of the food industry proved to be of great assistance not only in the effective control of food products consumed in the city but also aided substantially in raising the hygienic standards of food establishments to higher levels.

Nutrition

During the year the Division of Nutrition provided for both the Health Department and the community a variety of services designed to integrate nutrition education into all other health activities. Nutrition services included consultant and educational services for parents of children attending the well baby clinics, in-service training of Health Department personnel, food service consultation with operators of day nurseries and nursery schools, participation in civil defense activities related to mass feeding, participation in radio and television health programs, promotion of nutrition education in the elementary and parochial schools, preparation and procurement of printed and visual aid materials and program planning with other professional agencies.

Meat Inspection

During the year, 219,559 inspections of cattle, calves, sheep, swine and goats resulted in the condemnation of 431 carcasses and 33,360 parts of carcasses as being unfit for human consumption. The most frequent diseases encountered during inspection which caused condemnation were: Hog cholera, pyemia, traumatic pericarditis, immaturity, septicemia and sarcoma; and of parts of carcasses: parasites, abscess, tuberculosis, actinomycosis and cirrhosis.

Supervision, including sanitation of the plants and their environs, was

maintained daily in ninety-four plants processing and manufacturing over 13,000,000 pounds of meat food products. In addition, service was rendered to federal and state agencies in the disposition of cattle reacting to Bang's disease, Johne's disease and tuberculosis. Other activities included the examination of dogs for rabies which was done in cooperation with the Bureau of Communicable Diseases, and assistance which was given at the Sanitary Section permit desk. Students from the Johns Hopkins School of Hygiene and Public Health and from the School of Medicine were taken through various meat manufacturing plants and were given information by the bureau director on slaughtering and meat food manufacturing.

Environmental Hygiene

As part of the Civil Defense Health Service program the Bureau of Environmental Hygiene was assigned the responsibility for civil defense sanitation services which include water supplies, sewage disposal, emergency shelters, refuse disposal, insect and rodent control and general sanitation. These elements were developed and coordinated with other civil defense services during 1951, and in this connection the director was appointed to the civil defense committee of the City Bureau of Water Supply. Inspections were also made of 82 proposed locations for emergency housing and feeding centers in cooperation with the Emergency Welfare Service.

Community Sanitation

A major improvement in sewage disposal and stream pollution was accomplished during the year when the Baltimore County Metropolitan District completed the sanitary interceptor from the city line north to Taylor Avenue. This eliminated the discharge of raw sewage into the east branch of Herring Run from a large development in Baltimore County which borders on the northeastern section of Baltimore City. Other improvements in the sewerage system included the completion of the Brooklyn sewage pumping station which removed from the harbor and the Patapsco River sewage pollution which came from Brooklyn and parts of Anne Arundel and Baltimore Counties, the completion of the Jones Falls sewage pumping station and force main and the beginning of construction of the Jones Falls interceptor to eliminate sewage pollution from Jones Falls. Again, as in the past, several builders were refused permission to develop tracts of land using individual sewage disposal systems, or to sewer the tracts to open streams within the city.

Other activities in community sanitation included: Cooperation with the Bureau of Child Hygiene in the drafting of revised regulations for the operation of day nurseries and assisting in the inspection of day nurseries,

child care institutions and foster homes; evaluation of the sanitary quality of the city water system through the analyses of 1,573 samples collected from consumer taps throughout the distribution system; assistance to the Department of Recreation and Parks in working out operation difficulties with the new public park swimming pools; inspections of hospitals and convalescent homes in cooperation with the Maryland State Department of Health for licensing purposes; supervision of the operation of 626 rooming houses, lodging houses and hotels, which included the revocation of one permit because of insanitary conditions; cooperation with the Statistical Section and the Southern Health District in the investigation of 251 nonfatal accidents which received treatment at the South Baltimore General Hospital; enforcement of ordinances to prevent psittacosis by accepting for destruction five psittacine birds arriving on ships and accepting for transfer to the Baltimore Zoo eleven birds acquired by a pet shop; and inspections of rail and water common carrier watering facilities in cooperation with the U. S. Public Health Service.

Plumbing

In cooperation with the Department of Public Works and the Home Builders of Maryland, a study was started late in the year of the problem of seepage, ground water, foundation and areaway drainage of dwellings. The study was necessary because illegal connections of storm water were made to sanitary sewers with the result that the sewers, at times of storm, would become overcharged and back up into cellars. This study will be completed in 1952.

The Health Department and the Sewerage Engineer approved a second type of commercial garbage grinder, and installation of one of these grinders was made in a restaurant. Consent was also granted for the installation of an additional garbage grinder of the type approved last year in a canning plant. Instruction in plumbing and cross connection control was given to several classes of the School for Sanitarians sponsored by the U. S. Public Health Service and the Maryland State Department of Health, and a paper on "Cross Connections in Plumbing Systems" was presented at the Interstate Sanitation Seminar at Charlottesville, Virginia in August. Nine hundred potential cross connections including 764 hazardous yard hopper-type toilets were prevented or eliminated. And there were 4,241 connections made to the sanitary sewerage system in 1951 which brought the total number of connected properties in the city to 193,334.

Rodent Control

The environmental control program started in 1948 was expanded during 1951 to include 23 additional blocks containing 615 properties and 1,027

dwelling units. Improvements were completed in 24 additional blocks having 651 properties and 1,191 dwelling units. Since the inception of the program 55 blocks containing 1,582 properties and 2,467 dwelling units have been freed of rats, ratproofed and all other environmental deficiencies corrected. Environmental control procedures were employed in the follow-up of 80 rat-bite cases and in 1,892 complaints of rats. Two cases of Haverhill rat-bite fever came to the attention of the Department during the year. The Department's pamphlet "Fight the Rat" continued to attract widespread interest. A request for permission to reproduce this pamphlet was received by the Health Department from the Director of Public Health of Antwerp, Belgium. Other activities included: Continuation of the ectoparasite and rodenticide studies, cooperation in the civil defense program, participation in the annual Clean-up, Paint-up, Fix-up Week, appearance on two television programs, talks to groups and other educational activities, and cooperation with the Lexington Market Authority in the planning of the stall construction to prevent the new market from becoming the dangerous rat harbor its predecessor was.

Industrial Hygiene

Industrial production was maintained at near to full capacity as a result of the country's defense effort but yet there was only a 7.5 per cent increase in the number of known cases of occupational diseases over the previous year. A few of the 215 occupational disease cases were serious. One fatality was due to chrome carcinoma; 13 slaughterhouse workers were affected by brucellosis; 4 cases of adult lead poisoning were reported and 52 cases of ulceration occurred from chrome exposure. For the first time, the highly toxic insecticide, parathion, was handled in record quantities by two producers without the workers being endangered. Frequent inspections and numerous technical studies were made in industrial plants handling toxic materials in an effort to keep the exposure risks at a minimum.

The absence of carbon monoxide in natural gas used for the first full year in Baltimore City resulted in a phenomenal reduction in the number of persons usually asphyxiated by carbon monoxide. Only 2 fatalities occurred from products of incomplete combustion. For the first year on record there were no suicides due to asphyxiation from illuminating gas.

A record number of 77 child lead poisoning cases, including 9 fatalities were diagnosed by attending physicians. As usual, almost 90 per cent of the cases resided in rented properties in slum or blighted areas. In one instance an owner of such a dwelling was taken to court for refusing to remove lead paint on surfaces that had been chewed by a child. Corrections were made after he was found guilty and fined.

Atmospheric pollution activities consisted of many conferences with

managements of industrial plants, civic groups, and local and State officials. Control measures were installed in several plants to alleviate the discharge of contaminants into the atmosphere and several plants made plans to reduce production with adverse weather conditions. Unfortunately one particularly odoriferous operation could not be suppressed by the several methods of control attempted and finally this process was abandoned with an economic loss to the community. In a few instances one industry complained against another. Seventy per cent of all complaints pertained to atmospheric pollution and in order to improve the services demanded by the public an increase in the budget was requested for the coming year.

Housing

On February 17, 1951, City Ordinance No. 1543 was approved by Mayor Thomas D'Alesandro, Jr. establishing a Housing Bureau in the City Health Department to channel the administration and enforcement of laws against city slums and blighted areas into one coordinated effort, known as the Baltimore Plan of Housing Law Enforcement. To assist in the planning and promotion of the law enforcement program of the new Housing Bureau, and in accordance with the provisions of the ordinance, Mayor D'Alesandro on March 8 appointed an Advisory Council of seventeen prominent and civic-minded citizens under the chairmanship of Mr. James W. Rouse.

The bureau devoted major attention and energy to the Baltimore Plan Pilot Program. Although the inauguration of this project preceded the passage of Ordinance No. 1543 by two months many of the duties and responsibilities outlined in the ordinance became integral parts of the experimental Pilot Program.

The purpose of the Pilot Program was to define and appraise the operations of the Baltimore Plan as far as possible under controlled conditions. The area selected consisted of 27 census tract blocks in East Baltimore bounded by Chester, Preston, Caroline and Chase Streets. Before any enforcement activities began, representatives of the U. S. Public Health Service directed a survey of housing conditions in the entire area and when the program is finished, the area will be resurveyed with the same appraisal technique. On May 23, the Blitz Block Clean-up marked the beginning of law enforcement in the Pilot Area. Mayor D'Alesandro on July 19 dedicated a rehabilitated house as the Brotherhood Pilot House of the area. This was located at 1213 N. Durham Street.

To promote coordinated law enforcement in regard to dwellings a procedure for joint inspections to uncover health, electrical, building, fire and zoning violations without duplication of effort was developed for the Pilot Program by a Law Enforcement Committee composed of representatives of all government agencies concerned with the regulation of dwellings, and

inspections were made by teams of inspectors which included building, electric, fire, housing inspectors and sanitary police officers.

The need for neighborhood understanding and approval led to the formation of a Neighborhood Committee to serve as a liaison between the neighborhood and representatives of public and voluntary agencies. The Pilot Program area was 86.8 per cent Negro-occupied and over 50 per cent of the residents owned or were purchasing their homes. A significant development was the formation of a Pilot Program Hearing Board made up of representatives of various municipal agencies concerned with operation of the Pilot Program. During weekly sessions at the Pilot House the board reviewed 87 cases of failure to comply with notices. The Pilot Program, which will continue during 1952, has already proved to be a valuable experiment. Law enforcement activity applied to the 791 properties in the area brought about rapid physical changes.

In all areas of the city during the year 1 rooming house and 95 dwellings were ordered vacated by the Commissioner of Health because of the existence of extremely insanitary and hazardous conditions or the failure of owners to comply with legal notices. Fourteen properties which had been ordered vacated were razed and 63 were approved for reoccupancy after repairs. The Housing Bureau reviewed 717 sets of plans for dwelling alterations and conversions to assure compliance with the Housing Code. Of these, 92 were disapproved. Inspection reports on 305 multiple family and commercial dwellings were referred to the Zoning Enforcement Officer who found 49 to be occupied in violation of the Zoning Ordinance.

In 108 instances it was necessary to have summonses issued for failure to correct unhealthful conditions. Of these, 102 were issued to owners or agents and 6 to tenants. Fifty-four were found guilty and fined a total of \$1,637 in the Housing Court. Four defendants sought trial in the Criminal Court. All were found guilty and fined a total of \$400.

In carrying out the activities of informing the public about the work of the Health Department's Housing Bureau approximately 7,200 citizens of Baltimore were made more familiar with the Baltimore Plan through scheduled talks and tours. Twelve states and four foreign countries were represented by 84 out-of-town visitors to the Housing Bureau during the year. There was correspondence with 72 cities in 29 states as a result of their written requests for descriptive material pertaining to the Housing Law Enforcement program. Sixty-two illustrated lectures were heard by 6,558 persons and 640 youths and adults participated in 53 group field trips. The work of the bureau was presented on six radio and television programs and there was an extensive distribution of printed materials on this activity. During the year many children in public and private schools and two hundred teachers enrolled in the Department of Education's

Community Study Workshop became familiar with the problems of blight and with the Health Department's program through slide talks, field trips and printed materials.

Biostatistics

Assistance in the city's health administration through program evaluation, and by the design of field studies in community sanitation and tuberculosis control constituted the distinctive elements of the work of the Bureau of Biostatistics during 1951.

An investigation of the drug utilization patterns developing in the Baltimore City Medical Care Program was designed and completed in cooperation with staff members of the Sinai Hospital Medical Care Clinic. The particular role of the bureau was concerned with advice on variables in prescription writing which merited study, on the selection of a sample of the drug experience, and on the detailed analysis of observations made during the study.

The problem of tuberculosis control is particularly important in Baltimore in view of the relatively high prevailing mortality rates. Studies concerned with the prognosis of newly reported cases and with the prevalence of significant disease in the several health districts were carried on. In addition, an ex post facto field investigation was undertaken into the risk of tuberculosis in infants resulting from incidental exposure.

The characteristics of the population were clarified to some extent through preliminary releases by the Bureau of the Census based on the 1950 population count. A paper on the population change during the decade 1940-1950 was prepared for *The Councillor*, the quarterly publication of the Baltimore Council of Social Agencies. This article was distributed widely to official and nonofficial agencies concerned with planning and program administration.

Services of the bureau were made available to the Juvenile Court for an analysis of juvenile delinquency records. A study on sickness among low income families was completed with the cooperation of the Housing Authority of Baltimore City. The director continued to serve with the Subcommittee on Survey of Nursing Needs of the Medical Care Committee of the State Planning Commission and as chairman of the Natality Statistics Group of the Public Health Conference on Records and Statistics.

Vital Records

A total of 21,058 transcripts of birth records and 35,368 certified copies of death certificates were issued during the year. The number of birth transcripts issued represented a 15 per cent increase over the figure for 1950.

The Birth Record Correction Advisory Service, sponsored jointly by the Bureau of Vital Records and the Legal Aid Bureau, Inc., began its

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Correcting The Records Of Baltimore Births

An unheralded first birthday was reached recently by the city department which records the births of all Baltimoreans. The Bureau of Vital Records of the Health Department marked the end of the first year of its birth record correction advisory service, which sounds more imposing than it is intended to be.

A birth certificate has become of increasing every-day importance. Baltimoreans need proof of birth or age to attend school, join the Army, obtain licenses and passports and even to take part in sports under the Bureau of Recreation. And for a variety of reasons, some of them embarrassing, a person's birth certificate at City Hall may not contain the name by which the person is known. Illegitimacy is the most common explanation, but the situation may arise through adoption proceedings, the poor spelling of hospital attendants, or the change of foreign surnames to something easier to pronounce.

At any rate, the names of a number of Baltimoreans, especially children,

do not match their birth certificates and could some day result in tax mix-ups, loss of inheritances and social security, etc. To encourage Baltimoreans to straighten out their records, Mr. Sidney M. Norton, director of the Bureau of Vital Records, worked out a new system last year in co-operation with the Legal Aid Bureau. The policy now is to hold confidential sessions after hours on two days a month at which Baltimoreans can talk over the problem of getting their birth records straight.

The confidential sessions (from 5 to 7 P.M. on the second and fourth Wednesdays of each month) have straightened out the legitimacy and paternity of more than a hundred young Baltimoreans, as far as their recorded names are concerned, and have handled other changes in the records resulting from adoptions, legal changes of name and previously unrecorded births. A special feature of the service is the opportunity given, under certain conditions, to unwed parents to give the father's surname to their issue without court action.

The first of its kind in the country and only just started, the birth record correction advisory service has helped 371 persons to straighten out their birth certificates so far. And it is hoped that the service will have greater use as more persons hear of it. As in so many other fields, the authorities say that here is a matter that should be attended to early, without hesitation or delay.

THE CORRECTION OF BIRTH RECORDS

second successful year and will apparently become a permanent service in the Health Department. A total of 411 interviews was held during the 24 evening sessions of this new service at which assistance was given on prob-

lems related to corrections to be made on birth records, particularly in cases involving the legitimacy status of children.

The National Office of Vital Statistics of the U. S. Public Health Service reported that Baltimore had achieved the distinction of having a 99.6 per cent completeness of birth registration as indicated from results of the 1950 Birth Registration Test conducted by it in cooperation with the Bureau of the Census and the City Health Department. This meant that 4 out of every 1,000 babies born during the first three months of 1950 in Baltimore had not been registered. So low a figure meant that hospital directors and their medical records personnel, private physicians and midwives had all cooperated well in this important work.

The short form of birth certificate was introduced in August in keeping with the advances made in certification practices in other parts of the country. The short form contains only the name of the registrant, the date of birth, the place of birth, Baltimore, Maryland, the date of filing, and the certificate number. The popularity of this new type of birth certification grew rapidly and was accepted by many agencies for many purposes.

In March the Health Department began to issue certified photostatic copies of birth and death certificates instead of typewritten transcripts. This improvement was overdue and has led to a more efficient and expeditious program for handling the continually increasing volume of requests for certified copies of such vital records. There was an appreciable increase in replaced certificates on the basis of adoption and legitimation, and in the number of delayed certificates of birth that were placed on permanent file.

Conclusion

As the years go by it seems clear that the Baltimore City Health Department is a living, growing, changing organism, with deep roots in the past of the community it serves which go back to the days of panic when the great yellow fever epidemic decimated the population of Philadelphia in 1793. New conditions impose new duties but the Department feels its chief responsibility is to cultivate the untilled fields of preventive medicine.

Medical care or curative medicine for a larger proportion of the city's population that is in need of it may be such an untilled field of prevention. Success here may well depend on better organization among various programs and also on larger appropriations. In any event Baltimore's new low record in diphtheria in 1951, and the city's efforts to control lead poisoning in its slum children and its attack on the slums as a health problem are encouraging signs in this mid-century period.

If the City Health Department remains alert to the new challenges and

perseveres in its efforts in such unfinished tasks as industrial hygiene, air pollution control, housing and medical care; if the very fine community spirit of teamwork is carefully preserved and if more adequate appropriations could be provided for suitable salaries for the needed trained professional Health Department workers there should be nothing but a realistic optimism for the future.

Respectfully submitted,

Huntington Williams, M.D.

Commissioner of Health.

Baltimore, Maryland
May 1, 1952

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BALTIMORE HEALTH NEWS, Monthly, 1951

QUARTERLY STATISTICAL REPORT

BALTIMORE PLAN PILOT PROGRAM—BROTHERHOOD PILOT HOUSE

BALTIMORE STEPS TO DENTAL HEALTH

BCG PROGRAM (Revised)

CARE OF MOUTH FOLLOWING REMOVAL OF TEETH

DENTAL HEALTH FOR SCHOOL CHILDREN (A series of four posters)

FROM AMELIORATION TO PREVENTION (Dental Care)

GET STARTED RIGHT—DENTAL HEALTH (A poster)

HELP FIGHT RATS

MENTAL HYGIENE IN MATERNAL AND PRESCHOOL CHILD HEALTH (Revised)

NOTICE TO FOOD HANDLERS—WASH YOUR HANDS (A poster, in Chinese)

ORDINANCE AND REGULATIONS GOVERNING DAY NURSERIES

POLIO POINTERS FOR 1951

RABIES (Revised)

REQUIREMENTS FOR COMMUNICABLE DISEASES (A chart, revised)

SOME HOUSEHOLD TESTS FOR FOOD WHOLESOMENESS

THE COMMON COLD

THE Rh FACTOR IN BLOOD

ADMINISTRATIVE SECTION

EXECUTIVE OFFICE

Personnel

Huntington Williams, M.D., Dr.P.H., Commissioner of Health
Ross Davies, M.D., M.P.H., Assistant Commissioner of Health
Royd R. Sayers, M.D., Senior Medical Supervisor for Occupational Diseases
George W. Watson, M.S.P.H., Health Administrator
Reed Gaither, Principal Administrative Officer
Beatrice Bryant, Senior Stenographer
Mary L. Rentz, Senior Stenographer
Helen von Wachter, Senior Stenographer

Note: Personnel records as given here and at the close
of each bureau report are in accordance with the
Department staff roster as of December 31, 1951.

ASSISTANT COMMISSIONER OF HEALTH

ASSISTANT COMMISSIONER OF HEALTH

Ross Davies, M.D., M.P.H.

Administration of the Western Health District was continued throughout the year by the Assistant Commissioner of Health; visits to the district were made every two weeks with the Director of the Bureau of Public Health Nursing and the assistant director for consultation with the supervising nurses and for planning district activities. The other four district offices were visited every month and conferences were held with the District Health Officers and supervising nurses in each district. The Assistant Commissioner of Health worked in close association with the Commissioner of Health on many administrative problems which were handled either in routine fashion or were direct current assignments from the Commissioner.

During the year visitors came from many states and foreign countries to observe the work of the City Health Department. Consultation or field schedules for all such visitors were arranged with members of the administrative staff for periods varying from one-half day to three weeks. Lecture schedules for junior students at the University of Maryland Medical School were organized for the classes in public health and hygiene and examinations were prepared and graded for both the junior and senior classes on public health subjects.

It was necessary during the year to make further changes in the use of the office space assigned to the Health Department. This recurring problem is due to the employment of additional personnel for expanding Health Department programs and the lack of office space in the municipal office buildings.

CIVIL DEFENSE HEALTH SERVICE

CIVIL DEFENSE HEALTH SERVICE

Activities related to the Civil Defense Health Service in 1951 were devoted essentially to planning and programming the work of this newly created organization. During the early months of the year a detailed study of Baltimore's medical and health requirements in the event of an atomic disaster was made by a committee under the chairmanship of Dr. Thomas B. Turner, Professor of Bacteriology at the Johns Hopkins School of Hygiene and Public Health. The results of the deliberations of this committee were submitted to the Director of the Civil Defense Health Service on July 19 and constituted the "Initial Plan for Baltimore City." This plan was the basic guide for the organization of Civil Defense Health and Medical Services and was predicated on an arbitrary maximum of 120,000 casualties for the city of which approximately 40,000 might be killed, 40,000 severely injured and in need of hospitalization and 40,000 injured but not in need of hospitalization.

To meet the requirements for expected casualties, each hospital has planned for an expansion to eight times its present bed capacity. Hospitals have made plans for three contingencies, as follows:

Plan A. No substantial damage to existing facilities.

Plan B. Same as plan A except that certain essential facilities have been damaged.

Plan C. Damage sufficiently great to necessitate removal of the hospital to a new site beyond the city limits. In this event, plans for expansion will be to four times the original bed capacity.

Buildings were allocated, inspected, and approved for each hospital during 1951 in order that the requirements of the hospital plan for the city might be adequately met.

By October, locations had been approved for the establishment of ninety-seven Casualty Clearing Stations. These were carefully located on a basis of population density in public, private and parochial schools and in certain other strategically located buildings throughout the city. During the month also a summary of returns of physician, dentist, pharmacist and nurse civil defense questionnaires mailed for the purpose of determining their availability for assignment within the civil defense framework was made with the following results:

	<i>Mailed</i>	<i>Returned</i>
Physicians	1,600	700
Dentists	600	200
Pharmacists	500	150
Nurses	4,000	1,000

The processing of these returns was begun and had progressed by the end of the year to the point that the file of IBM punch cards on physicians was available in December to the committee interested in the appointment of Chief Physicians for Casualty Clearing Stations. The three accompanying tables cover the first 634 physician questionnaires processed and is indicative of the distribution and availability of physicians for civil defense work.

A survey of hospital laboratories and private laboratories conducted by Mr. Clinton L. Ewing, Director of the Bureau of Laboratories, showed that there were 161 full-time laboratory workers, 13 part-time workers and 10 other workers which included volunteers and interns. The information obtained as a result of this survey should prove invaluable in the event of an emergency which may result in widespread destruction and large numbers of casualties. During the latter half of the year First Aid team leaders were designated for thirty of the city's ninety-seven Casualty Clearing Stations.

In December, a committee composed of leading medical men of Baltimore met and made a beginning in the selection of names of physicians to be asked to serve as Chief Physicians for Casualty Clearing Stations. Five accepted appointment. In December, also, the Maryland State Funeral Directors Association, Inc., submitted a list of the names and addresses of persons to comprise ten complete and fully organized mortuary teams.

By the close of the year the Division of Sanitation and Special Weapons Defense had brought to forty the number of sources of emergency water supply that had been listed and charted. This reserve amounts to an estimated 3,000,000 gallons that can be utilized in the event of an incident.

The table of organization of the Civil Defense Health Service had been completed with a few exceptions: A full-time administrative assistant had been assigned from the Health Department staff; the full-time services of one senior stenographer had been obtained; and there were prospects for obtaining an additional senior stenographer early in 1952.

TABLE NO. 1
DISTRIBUTION OF PHYSICIANS BY WARD AND AVAILABILITY FOR
CIVIL DEFENSE ASSIGNMENT

WARD	TOTAL REPORTING	AVAILABLE	NOT AVAILABLE
Total.....	634	499	135
1.....	3	1	2
2.....	2	1	1
3.....	..	..	..
4.....	1	1	..
5.....	1	..	1
6.....	1	..	1
7.....	14	11	3
8.....	14	13	1
9.....	19	16	3
10.....	1	1	..
11.....	28	21	7
12.....	55	43	12
13.....	41	35	6
14.....	15	7	8
15.....	78	61	17
16.....	12	7	5
17.....	2	2	..
18.....	..	..	..
19.....	3	3	..
20.....	8	7	1
21.....	1	1	..
22.....	..	..	..
23.....	..	..	..
24.....	..	..	..
25.....	4	4	..
26.....	9	8	1
27.....	256	202	54
28.....	43	35	8
29.....	1	1	..
30.....	22	18	4
Others.....	..	..	..

TABLE NO. 2
DISTRIBUTION OF PHYSICIANS BY SPECIALTY AND AVAILABILITY
FOR CIVIL DEFENSE ASSIGNMENT

CODE NUMBER	SPECIALTY	TOTAL REPORTING	AVAILABLE	NOT AVAILABLE
	Total.....	634	493	141
1	Allergy.....	2	1	1
2	Anesthesia.....	8	4	4
3	Bacteriology.....	..	..	..
4	Cardiology.....	3	2	1
5	Dermatology.....	11	11	..
6	Gastroenterology.....	2	2	..
7	General Practice.....	139	113	26
8	General Surgery.....	81	62	19
9	Gynecology.....	22	20	2
10	Industrial Medicine.....	6	5	1
11	Internal Medicine.....	104	81	23
12	Neurology.....	5	1	4
13	Neurosurgery.....	5	3	2
14	Obstetrics.....	52	45	7
15	Ophthalmology.....	30	24	6
16	Orthopedic Surgery.....	16	12	4
17	Otolaryngology.....	20	16	4
18	Pathology.....	6	4	2
19	Pediatrics.....	34	29	5
20	Pharmacology.....	1	..	1
21	Physiological Chemistry.....	..	..	..
22	Physiology.....	2	1	1
23	Plastic Surgery.....	2	..	2
24	Proctology.....	1	1	..
25	Psychiatry.....	29	17	12
26	Public Health.....	16	11	5
27	Röntgenology.....	13	9	4
28	Surgical Pathology.....	..	..	..
29	Urology.....	13	12	1
30	Others.....	11	7	4

TABLE NO. 3
DISTRIBUTION OF PHYSICIANS ACCORDING TO AGE AND AVAILABILITY FOR
CIVIL DEFENSE ASSIGNMENT

AGE	TOTAL REPORTING	AVAILABLE	NOT AVAILABLE
Total, all ages.....	634	496	138
20-29 years.....	26	18	8
30-39 years.....	177	147	30
40-49 years.....	209	179	30
50-59 years.....	130	91	39
60-69 years.....	68	46	22
70 and over.....	15	10	5
Age unknown.....	9	5	4

BUREAU OF HEALTH INFORMATION

BUREAU OF HEALTH INFORMATION

Joseph Gordon

Director

Serving as a community center of health information and as a service organization for other Health Department administrative units, the Bureau of Health Information continued its program of meeting and assisting with the overall plan for improving the city's health. On the community level efforts were expended through the utilization of all the available media and techniques which reach the public either directly or indirectly—individual conferences, group discussions, seminars, forums, the press, Health Department publications, exhibits, radio and television. The successful accomplishment of this work was made possible only through the joint efforts of all administrative Health Department units and the many official and nonofficial community agencies. As a service organization, the bureau continued to assist each functioning Health Department unit with its own program of health education or in-service training. Work of this nature entailed the providing of library service, arranging of film showings, conferring with bureau heads regarding new and revised publications, assisting with community projects sponsored by the unit, and providing printing and photographic services when requested. In reviewing both these aspects of the bureau's work mention should be made that while the task of improving the health of the individual and the health of the community appears to be an unending one, yet step by step progress is forged, health standards are raised, and each passing year sees our citizens enjoying a greater measure of health, and it is hoped, a happier and more satisfying existence.

Publications

The Health Department's monthly publication, *Baltimore Health News*, was prepared, published and distributed. More than 10,000 individuals and agencies received this official organ which is now in its twenty-eighth year of publication. Local physicians, dentists, school teachers, interested residents, and the many health agencies and libraries found it useful as a source of reference and as a means of keeping informed regarding health matters as they transpire in the city. The periodical also had a wide distribution outside the State to private and public health agencies, and their interest in Baltimore's health programs was evidenced by numerous requests for additional copies of the publication. Items which provoked the greatest interest included those on Housing, Lead Poisoning in Chil-

dren, Requirements for Communicable Diseases, the Amended Day Nursery and Nursery School Regulations, and the Rules and Regulations Governing Medical Examiner Cases.

Press releases issued by the Department resulted in 256 articles and 2,623 column inches of publicity. Many of these had their origin in the "Saturday Letter to the Mayor," a combined press release and report to the Mayor on special matters of timely interest and the vital statistics and the health of the city. Other press releases included messages on disease prevention, progress of Health Department programs and warnings of unsatisfactory health conditions.

The "Quarterly Statistical Report," a publication which includes analyses of statistical information on marriages, births, morbidity and mortality, and special studies or articles of current interest was produced for distribution by the Statistical Section for the third consecutive year.

Six new leaflets were issued in 1951; namely, "Baltimore Steps to Dental Health," "Mental Hygiene in Maternal and Preschool Child Health—An Outline for Public Health Nurses," "Polio Pointers for 1951" (prepared jointly by the Baltimore City Health Department and the Baltimore Chapter of the National Foundation for Infantile Paralysis and distributed to all elementary children in the public schools), "Some Household Tests for Food Wholesomeness," "The Common Cold," and "The Rh Factor in Blood." The chart "Requirements for Communicable Diseases" was revised by the Commissioner of Health and the Health Officer of Baltimore County so that the texts for both jurisdictions might for the first time be identical. The leaflet "Rabies" was also revised to bring it up-to-date. A complete list of titles of other literature prepared for distribution in 1951 may be found on page 54; a new handwashing poster in Chinese was prepared for distribution in those restaurants where foodhandlers could benefit from such a placard written in their own tongue, and five new dental care posters were prepared primarily for distribution to schools. More than 445,000 leaflets, pamphlets and other items of miscellaneous health literature were distributed during the year. "Gonorrhea and Syphilis and Your Job," a leaflet produced in 1949, was reprinted by the Onondaga Health Association of Syracuse, New York, and the leaflet "Some Household Tests for Food Wholesomeness" was reprinted as a news release by the City of Cleveland Division of Health in November.

The 1950 ANNUAL REPORT and its summary the *Guarding the Health of Baltimore* were edited, prepared for publication and distributed to a selected mailing list of libraries, health agencies and persons interested in public health. Both reports constitute valuable sources of reference when studying Baltimore's health programs and progress. The bureau also distributed to all city physicians ten reprints of articles written by staff

personnel and published in professional or scientific periodicals; the total number of such articles published was 32 and the complete list may be found on page 51.

Radio and Television

The weekly radio and television programs continued without interruption throughout the year. Both programs were produced under joint auspices with the Medical and Chirurgical Faculty of Maryland. The "Keeping Well" series of radio broadcasts was in the form of health dramas and were aired over WFBR as a public service program; the television series, "Your Family Doctor," varied in presentation from week to week depending upon the subject and were telecast over WMAR-TV, the Baltimore *Sunpapers* organization. Radio has served as a vehicle for the dissemination of health information in Baltimore for over twenty years. The Baltimore program is one of the oldest continuous health radio broadcasts in the country. December 31 saw the 644th radio drama entitled "A Year of Achievement." The part of "Dr. Richard C. Ashley," radio's family doctor, was played by Dr. Nels A. Nelson, Director of the Bureau of Venereal Diseases. The end of the year marked the television program's third anniversary and its 158th presentation. On February 26, Mr. Robert M. Keller replaced Dr. H. Berton McCauley, Director of the Bureau of Dental Care, as television's family doctor, "Dr. John Worthington." Mr. Keller who previously had assisted in the radio dramas and who is a very capable actor, has given the role a very life-like quality that has helped to make the television presentation one of the outstanding public service programs in the city. Throughout the year, according to survey records, there was a definite upswing in viewer interest and from October to the end of the year the television audience of this program was consistently estimated at more than 80,000 persons. Both radio and television play an integral part in the spread of health information to the citizens of the city. The production of this dual series was the result of the fine spirit of teamwork and cooperation that existed between the medical profession, the City Health Department, the television and radio stations, and the official and nonofficial agencies and health workers in the city. A complete list of titles of both radio and television programs may be found in the accompanying tables.

Exhibits

Thirty-nine exhibits including 62 units were planned and placed on display by the Division of Exhibits during the year. Over 15,000 persons had the opportunity of viewing and studying these health exhibits. An appealing and attractive display based on Chic Young's "Blondie" as

presented by the New York State Department of Mental Hygiene was exhibited in the reception room of the Southern Health District building. The Division of Mental Hygiene plans to present the series in every municipal well baby clinic and to utilize the panels as subject matter for talks to mothers on the subject of mental hygiene.

The child lead poisoning exhibit was repeatedly used particularly in those areas where clinical cases of lead poisoning had been reported. This included installation in various public schools located in colored neighborhoods, at the Druid Health Center and the Canton Area Council building. The display was viewed by not less than 2,000 persons. A model refrigerator in which proper placement of food could be effectively demonstrated was also constructed for the use of the Bureau of Food Control in its course of lectures to food handlers.

Other displays were prepared in connection with the Governor's Safety-Health Conference and Exhibit conducted under the auspices of the State Industrial Accident Commission, for the dedication of the Brotherhood Pilot House, for the third annual mass chest X-ray survey in the Canton Area Project, for "open house" at the Southeastern Health District, for a public school health project, particularly for a science class interested in learning how toxoid is made and which included a talk on the subject of diphtheria prevention and the value of toxoid administration; for dental hygiene day and for the Christmas Seal Sale. For the eighth consecutive year, a series of displays, changed monthly, was exhibited in the entrance of the municipal chest clinic at 1516 Madison Avenue.

Projects for 1952 will include the remodeling of the housing exhibit under the title of "Before and After" and the construction of a new exhibit, "For Health and Better Living," which will be used primarily in the health units of public schools and as illustrative material for nutritional talks to be given under the supervision of the Bureau of Food Control.

Meetings

Department staff members participated in 480 conferences and health meetings related to local, regional and national problems and projects. Approximately 154,000 persons were reached as a result of attendance at such group sessions. The range of audience attendance extended from school children on the elementary level, through high school and college into the professional schools and health organizations; sessions also included conferences with teachers, business and industrial representatives and a wide variety of community and civic groups interested in health affairs.

The director and the Commissioner of Health assisted in the Health

Education course offered at the Johns Hopkins School of Hygiene and Public Health by participating in a television seminar and arranging for a study-tour of the television studios at WMAR-TV. The director also assisted Dr. H. Maceo Williams, Health Officer in the Druid Health District, and other community leaders in the district in arranging a series of four health forums entitled "Happier Living." The forums included not only the showing of selected motion pictures but also provided speakers and stimulating discussion periods.

In collaboration with the Bureau of Laboratories, the Director of the Bureau of Health Information arranged for numerous field trips by school groups through the laboratories. An orientation period to familiarize the visitors with over-all Health Department activities and presided over by the director preceded each guided tour. Other sessions worthy of note in which the director participated included a lecture at the University of Maryland Hospital to a joint class of 168 student nurses enrolled in 9 schools of nursing in Baltimore, conferences with senior students from Western High School to aid them in the preparation of the chapter on Health and Welfare in their contemplated book "Baltimore—City of Promise" which is planned for use in the city schools, and discussions with visiting health officials and graduate students in public health of several universities to familiarize them with the work of the Bureau of Health Information.

Film Services.

To meet the growing number of requests for audio-visual materials the bureau sponsored or arranged for a total of 308 film showings. In many cases it was necessary to schedule guest speakers as well as to provide a projectionist and motion picture equipment. Both the Enoch Pratt Free Library and the State Department of Health contributed to make this a successful program by making their excellent film libraries available to the City Health Department. Motion picture programs were arranged not only for the general public but also for the in-service training programs of various bureaus. Among those films in greatest demand were those concerned with the Atom Bomb and Civil Defense, Mental Hygiene, Maternal and Child Health, Nutrition and Dental Care.

The newly acquired filmstrip and slide projectors were also constantly in use by Health Department staff members. With the reorganization of the Bureau of Child Hygiene to include a Division of School Health, the bureau staff worked with the division chief in the preparation of a film-slide series to demonstrate comprehensively all of the aspects of a school health program. The series which is still incomplete has had extensive use

with school groups. The public health nurses also made good use of other available filmstrips dealing with the health of the school child by having demonstration sessions with principals and teachers.

The bureau director and other staff members at the invitation of the Enoch Pratt Free Library Film Department participated in the previewing of films which the Library contemplated purchasing. By the end of the year the Eastern and the Southern Health Districts, both of which now possess motion picture projection equipment, were arranging and carrying out their own visual-aids program. Plans have also been formulated for the Druid and Southeastern Health Districts to purchase similar equipment. With the consummation of these plans both the city residents and Health Department personnel should benefit from the greater availability of these materials.

Community Health Programs

Mention has been made of the Druid Health District forum series "Happier Living." Another program of widespread community interest was that related to the fluoridation of the city water supply. Joining in presenting the facts regarding fluoridation were the State Department of Health, the Baltimore City Dental Society and members of the medical and dental profession. The new Housing Bureau vigorously approached the problem of educating and motivating the residents of blighted areas to levels appropriate for more healthful living. Illustrated talks and tours by the Housing Bureau staff reached every level of society, and many visitors came to Baltimore to see the "Baltimore Plan" of slum rehabilitation in action. The problem of educating the public to the hazard of child lead poisoning was attacked by the radio, television, press releases, other publications and through the public health nurses and sanitarians in those slum areas where the majority of these cases occur.

Assistance was rendered generally by the Bureau of Health Information in the local health community programs and national and local health drives by the voluntary health agencies. Special mention is made of the Provident Hospital drive, the Home for the Aged and the Courthouse and Eastern Health District Building Loan, the "Clean-Up, Fix-Up, Paint-Up" week campaign, Student Nurse Recruitment, the X-ray mass survey drives and the Christmas Seal Sale, National Children's Dental Health Day and Diabetes Detection Week. In these and other campaigns the bureau director gave assistance with radio and television programs and by press releases and other publications.

Services to the Department

Editorial and library services were made available to the Department staff. The interlibrary loan service provided by the Medical and Chirurgi-

cal Faculty Library, the William H. Welch Medical Library of the Johns Hopkins University, the University of Maryland School of Medicine Library and the Enoch Pratt Free Library proved of considerable value in aiding staff members to obtain reference and study materials with a minimum of delay.

The duplicating service completed 690 requisitions for the reproduction of departmental forms, texts, and other literature. Printed matter in the amount of 1,328,203 pieces was handled by the multilith operator. This was an increase of 574,386 pieces compared with the work performed in 1950, and demonstrated the value of this phase of Health Department work. The bureau supervised the printing of 161 forms by the Municipal Duplicating Bureau and the Health Information photographic service produced 1,833 photographic prints, 34 photostats, and 138 photographic slides. Photographic prints were used for court testimony in Housing Bureau and Sanitary Section cases as well as for television and general publicity purposes, and slides were made for lecture-demonstration purposes for use by staff members.

Personnel

Joseph Gordon, B.S., Director
Dorothy R. Yoe Kalben, R.N., B.S., Chief, Division of Exhibits
Lee S. Bowers, Sanitarian
Bessie K. Sothoron, Senior Stenographer
Margaret Shaver, Senior Typist
James J. Kiggins, Senior Clerk
Margaret Kaiser, Addressograph Operator
Betty M. Maier, Junior Stenographer

REPORT OF THE HEALTH DEPARTMENT—1951

TABLE NO. 1
SUMMARY OF EDUCATIONAL WORK DONE BY THE HEALTH DEPARTMENT IN 1951

SECTION OR BUREAU	PUBLICATIONS	NEWSPAPER PUBLICITY		PRINTED MATERIAL DISTRIBUTED		ARTICLES IN BALTIMORE HEALTH NEWS	ADDRESSES, LECTURES AND SEMINARS LED		VISUAL EDUCATION			RADIO BROADCASTS	TELEVISION PROGRAMS	HEALTH CONTESTS	TRAINING OF DEPARTMENT PERSONNEL		ATTENDEES
		Arti- cles	Column Inches	Re- quests	Pieces		Health Ad- dresses	Persons Ad- Reached	Ex- hibits	Films, slides	Persons Reached				Num- ber of Meet- ings	Num- ber of Per- sons	
Entire Department.....	32	256	2,623	23,182	445,310	29	480	154,639	39	308	31,340	51	57	1	934	6,416	2,465
Administrative Section.....																	
Commissioner of Health.....	7	75	772	100	3,000	8	75	3,000	..	..	..	2	3	..	65	500	650
Civil Defense Health Service.....	1	10	74	..	1,000	..	5	230	..	3	150	..	..	..	6	80	35
Asst. Commissioner of Health.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	406
Health Information.....	..	27	158	1,374	205,991	7	20	680	33	92	14,150	8	13	..	15	475	171
Baltimore Health News.....	..	..	..	108	88,565	..	..	..	..	..	..	..	..	..	..	..	..
Rack Distribution.....	..	..	..	75	58,917	..	..	..	..	..	..	..	..	..	..	..	..
Miscellaneous.....	..	..	..	1,195	158,461	..	..	..	..	..	..	..	..	..	..	..	..
Laboratories.....	3	8	68	64	663	..	16	593	..	..	..	..	..	..	35	201	33
Eastern Health District.....	1	4	17	1,396	5,332	..	43	1,128	..	20	285	..	2	..	67	748	82
Western Health District.....	..	..	..	1,625	5,843	..	2	21	..	..	..	..	..	..	16	24	37
Druid Health District.....	..	..	5	1,625	7,763	..	9	500	..	11	559	1	1	..	46	138	72
Southeastern Health District.....	..	4	52	2,662	2,796	..	7	330	..	..	..	..	..	..	..	..	..
Southern Health District.....	4	9	61	588	3,646	..	1	98	..	32	1,135	..	1	..	132	129	41
Medical Section—Preventive																	
Communicable Diseases.....	..	8	55	524	30,882	..	4	305	..	..	..	2	2	..	14	432	5
Tuberculosis.....	..	5	36	24	2,175	..	..	..	..	..	..	2	2	..	6	9	77
Veneral Diseases.....	..	2	6	532	14,631	..	22	490	..	1	30	1	1	..	35	229	25
Child Hygiene.....	..	5	31	41	19,203	..	66	3,278	..	47	2,675	6	4	..	154	1,122	290
Dental Care.....	..	13	112	3,080	53,060	1	20	1,641	..	4	800	2	6	..	..	..	8
Public Health Nursing.....	1	1	3	4,494	19,463	..	22	994	..	12	333	1	1	..	114	481	133
Medical Care Section																	
Administration.....	..	2	17	..	2,865	..	..	..	..	..	..	..	2	..	..	..	..
Sanitary Section																	
Administration.....	..	17	165	27	74	..	3	143	..	..	..	3	1	..	4	47	34
Milk Control.....	..	3	28	172	506	..	8	218	..	..	..	..	..	..	1	5	53
Food Control.....	1	10	102	7,107	33,416	..	64	134,353	3	6	2,865	7	4	..	70	807	..
Meat Inspection.....	..	9	70	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Industrial Hygiene.....	5	12	123	253	2,234	1	10	493	1	5	1,488	5	4	..	57	228	20
Environmental Hygiene.....	..	8	126	451	22,379	..	21	824	2	11	162	5	2	..	34	362	42
Housing.....	..	..	415	1,478	4,108	..	48	4,910	..	62	6,558	..	1	..	48	174	152
Statistical Section.....	9	23	127	250	4,250	12	9	500	3	1	..	15	225	90

BUREAU OF HEALTH INFORMATION

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TABLE NO. 2

RADIO DRAMAS BROADCAST UNDER THE JOINT AUSPICES OF THE BALTIMORE
CITY HEALTH DEPARTMENT AND THE MEDICAL AND CHIRURGICAL
FACULTY OF MARYLAND, 1951
"KEEPING WELL" SERIES
WFBR

DATE	TITLE	SUBJECT
January 1	A New Year, A New Baby	Infant Care
8	Forks Before Fingers	Food Handlers
15	The Comeback	March of Dimes
22	Progress Report	Vital Statistics and Crystal Gazing
29	Don't Fire That Maid!	Social Hygiene Day
February 5	The White Guards	National Children's Dental Health Day
12	Don't Park Until Spring	Carbon Monoxide
19	Have A Heart	Heart Disease
26	Save Face	Atomic Bomb Injuries
March 5	What's My Name?	Birth Record Correction Advisory Service
12	Backyard Blues	Community Sanitation
19	Don't Save Medicine	Medicine Cabinet
26	There Is Hope	Cancer
April 2	Don't Be An April Fool	Home Accidents
9	It's Your Family	Mental Hygiene
16	Nursery Lunchtime	Feeding Children in Day Nurseries
23	Seizures Controlled	Epilepsy
30	New Eastern Health District Building	
May 7	Home For The Aged	
14	Clean Up—Paint Up—Fix Up	Community Sanitation
21	Who's Too Old?	Geriatrics
28	Sneezes And Scratches	Noxious Weeds
June 4	Bon Voyage	Foreign Travel
11	Six-Legged Peas	Insect Control
18	It's Perishable	Picnics
25	Nursing, Is It Your Career?	Nurse Recruitment
July 2	Swim Or Sink	Water Safety
9	Beat The Heat	Heat Exhaustion
16	Oh, Baby!	Infant Care in Hot Weather
23	Blue Plate Specials	Restaurant Sanitation
30	Not Fit To Eat	Lead Poisoning
August 6	Leave Nobody Out	Provident Hospital
13	Don't Let Up	Rodent Control
20	Time's A Wastin'	Medical Frauds
27	Here We Go Again	Getting Ready for School
September 3	Noontime Eating	School Lunches
10	Old As Your Arteries	Arteriosclerosis
17	Begin Early	Speech Defects
24	This Is The Year	Menses
October 1	Double Trouble	Weight Control
8	Last Minute Check-Up	Winter Heating Units
15	Country Bargains	Food Hazards
22	Bad For Babies	Whooping Cough
29	Let's Talk It Over	Mothers' Counseling Service
November 5	Hold That Smile	Dental Care
12	Hidden Enemy	Diabetes
19	Fight Tuberculosis	Tuberculosis Seal Sale
26	Do You Know How?	First Aid
December 3	Work Safely	Carbon Monoxide Poisoning
10	Dr. Ashley Goes To School	Food Handler Training
17	Christmas Happiness	Christmas Safety
24	A Merry Christmas	
31	A Year Of Achievement	Health Record for 1951

TABLE NO. 3
TELEVISION SERIES TELECAST UNDER THE JOINT AUSPICES OF THE BALTIMORE
CITY HEALTH DEPARTMENT AND THE MEDICAL AND CHIRURGICAL
FACULTY OF MARYLAND, 1951
"YOUR FAMILY DOCTOR" SERIES
WMAR-TV

DATE	TITLE	GUEST
January 1	Premature Babies	Dr. George Davis Miss Grace Volmar
8	Wounded Worker Returns	Dr. R. R. Sayers
15	Polio Without Panic	Dr. J. Wilfrid Davis
22	One Million Food Inspectors	Mr. Ferdinand A. Korff
29	Winter Colds	Dr. Myron G. Tull
February 5	Baltimore Steps to Dental Health	Dr. Richard C. Leonard
12	Cancer	Dr. C. Reid Edwards
19	Posture	Mrs. Henry O. Kendall
26	Psychosomatic Ills	
March 5	More Years—Fewer Tears	Dr. Milton S. Sacks
12	Blood Will Tell	Miss Elsa Jahn
19	The New Life	Dr. D. F. Kaltreider
26	You and the A-Bomb	Judge T. J. S. Waxter
April 2	The Ears of Medicine	
9	Tuberculosis	Miss Katharine Welsh
16	Sinusitis	Dr. Alfred Lieberman
23	Ears That Hear	Miss Esther Douglas
30	The Eastern Health District Building	Dr. Huntington Williams Dr. George A. Silver
May 7	The Home For The Aged and Court House Loan	Judge E. Paul Mason
14	Your Blood Pressure	Judge T. J. S. Waxter
21	Make or Break (Mental Hygiene)	Dr. Ralph G. Hills
28	Health Department Services	
June 4	Let There Be Light (Ophthalmoscope)	
11	Summer Safety	Dr. A. M. Lilienfeld
18	Insect Pests	Mr. Joseph Gordon
25	Summer Camp	
July 2	Water Safety	Mr. Robert Gregson
9	Student Nurse Recruitment	
16	Food-borne Diseases	
23	Fight the Rat	
30	Lead Poisoning in Children	
August 6	Baltimore Attacks Its Blight	Mr. G. Yates Cook
13	Sudden Death	
20	Provident Hospital	Mr. John L. Procope
27	Prepare Your Child for School	
September 3	Allergies	Dr. Lealie N. Gay
10	School Lunches	Miss Eleanor L. McKnight
17	Inoculations for Children	
24	Your Teeth and Their Care	Dr. H. Berton McCauley
October 1	The Problem of Overweight	
8	Your Nervous System	
15	Your Digestive System	
22	Blood Means Life	Mrs. Stanford Z. Rothschild
29	Your Filtering System	
November 5	Muscles and Exercise	
12	Diabetes	Dr. A. A. Silver
19	Measles	
26	Baltimore's Milk Supply	Mr. Don D'Ambrogi
December 3	Fresh Air in Industry	Mr. David Lewis
10	Help Fight Tuberculosis	
17	Christmas Safety	
24	Christmas Eve	Dr. Huntington Williams
31	A Year of Health	

BUREAU OF LABORATORIES

RECEIVED JAN 11 1961

BUREAU OF LABORATORIES

Clinton L. Ewing

Director

Notwithstanding the fact that the bureau was constantly distressed with personnel shortages during the year the work of the bureau continued to go forward. Requested services involved 239,434 examinations of 130,881 samples and specimens. Of these totals, 181,984 examinations were made of 115,162 specimens to assist in the diagnosis, prevention or treatment of communicable diseases and 21,924 bacteriologic and 35,526 chemical examinations were performed on 15,719 samples of milk and food products and industrial or other materials as part of the sanitary control of the environment. Total examinations decreased by 3.1 per cent and specimens and samples by 3.5 per cent in comparison with 1950 figures.

In order to furnish expeditious and satisfactory services contact was maintained with physicians and hospitals through 95 Health Department supply stations located in health district buildings, two professional buildings and in selected drug stores. These stations were supplied with 84,703 specimen containers in 1951. In addition, 38,252 containers were distributed from the central laboratories. A total of 29,502 packages of biologicals was distributed through the health district offices and the central laboratories only.

Division of Bacteriology

The Division of Bacteriology included the activities of the Medical Bacteriologic Laboratory, the Serologic Laboratory, the Sanitary Bacteriologic Laboratory, the Approval Services Laboratory and the Supply Unit.

The Seventh Annual Maryland State-Wide Syphilis Serology Survey begun in November, 1950, was continued until March, 1951. The routine serology laboratory and the approval services laboratory participated in the testing of over 200 serum specimens. In addition, 15 hospital and 3 private laboratories collaborated. Of the total of 20 laboratories, 17 were considered satisfactory by the State Department of Health Laboratories. This is somewhat better than the previous survey experience when only 12 were rated as satisfactory. Results obtained by the central Health Department laboratories were as follows:

NAME OF TEST	SENSITIVITY	SPECIFICITY
Eagle-Strauss Flocculation.....	99 per cent	100 per cent
Kline Diagnostic.....	99 per cent	99.5 per cent
Eagle Complement-fixation.....	99 per cent	100 per cent

Sensitivity = ability of test to detect positive specimens.

Specificity = no false positive results in testing negative specimens.

Although rabies still exists in certain areas of the United States, no evidence of this disease was found in Baltimore City since February, 1947, when the last rabid dog was found. A total of 62 animals was examined in 1951. These consisted of 51 dogs, 8 cats, 2 squirrels and 1 hamster. In 1950, a total of 75 animals was tested. Through the efforts of the Medical Bacteriology Laboratory it was possible to detect three healthy persons who were shedding typhoid bacilli in their feces.

Requests for examinations of specimens for diphtheria bacilli decreased in 1951. Nineteen hundred and forty-five microscopic tests and 121 virulence tests were made on 745 specimens. In 1950, for comparison, 1,533 cultures had been submitted upon which 4,097 microscopic studies and 284 virulence tests had been made.

Laboratory services which had been furnished to the Office of the Chief Medical Examiner since October, 1949, were reluctantly discontinued on December 31. This was the result of personnel shortages.

There was a continued downward trend in laboratory work involving examinations for gonococcus infections. In 1951 a total of 9,957 smears and cultures was submitted in contrast to 11,228 in 1950. Although requests for smear examinations increased by 311, demands for culture services decreased by 1,582.

Whereas serological tests for syphilis are still considered as a mass production operation, demands for this type of laboratory service have been decreasing in recent years. Since 1946, the trend has been downward and the total of 87,969 specimens of blood or spinal fluid submitted represented a decrease of 2.9 per cent in comparison with the number submitted in 1950. Of the total received, 86,864 were blood and 1,105 were spinal fluid. Routine Eagle-Strauss flocculation tests revealed that 16.7 per cent of the blood specimens were positive.

Because of the personnel shortages certain procedures were temporarily discontinued in the special serologic, or approval services laboratory. In March check STS tests were eliminated. All rickettsial complement-fixation tests were also discontinued and in April the schedule for examining spinal fluid specimens was changed from twice a week to once weekly. Agglutination tests for infectious mononucleosis were run only three times per week instead of four.

In the fall, as the personnel situation improved somewhat, practically all of the discontinued procedures were reactivated. The twice-a-week spinal fluid schedule was resumed in October. The Hinton flocculation test was instituted in November as a check STS and 148 of these tests were run by the end of the year.

An unusual amount of effort was devoted to laboratory examinations

associated with the investigations of 30 alleged outbreaks of food poisoning. This work and other activities involved 21,924 examinations of 8,617 samples of milk and dairy products, water, food utensil and hand swabbings, sea food and miscellaneous materials representing increases of 25.1 per cent in examinations and .08 per cent in samples as compared with work done in 1950.

Because of limited space, only the more important of the food poisoning investigations will be discussed. In 5 of the studies, pigmented hemolytic staphylococci were found in the food or in lesions on the hands of food handlers associated with the cases. In another outbreak, 8 samples of homemade Italian style sausage were examined for *Trichinella spiralis*, the cause of trichinosis. No parasites were found. In the remaining 24 outbreaks, which involved 37 samples, no causative organisms were isolated.

A new type of routine service was provided when the Bureau of Industrial Hygiene submitted samples of air and swabs for bacteriological studies. The air samples were collected in impinger bottles which were used for obtaining air for dust and chemical studies. Both air samples and swabs were obtained in several meat packing plants in connection with an investigation of cases of brucellosis. Extensive laboratory tests failed to detect any *Brucella* organisms. Air samples were also submitted from an ice cream plant and a cotton batting manufacturing firm. No coliform bacteria were found in the samples from the ice cream plant. Likewise, no pathogenic bacteria were isolated from the cotton plant. However, the total bacterial counts were very high and coliform bacteria were found in the latter samples. Repeat samples from the cotton firm were obtained in December and a paracolon organism was isolated. Samples of cotton revealed the presence of large numbers of bacteria including coliform bacteria and staphylococci.

In cooperation with the Bureau of Food Control, the laboratories in June began bacteriologic examinations of hand-swabbing samples. This work involved tests for total bacteria and coliform organisms. Results were used to evaluate the relative effectiveness of soap washing of hands as compared with the use of antiseptic soap.

Division of Chemistry

Routine and special services in the Division of Chemistry involved 35,526 examinations of 11,919 samples submitted principally in association with the activities of the Sanitary Section. These figures represent decreases of 8.9 per cent in examinations and 3.1 per cent in samples when compared with the 1950 record. These decreases are the first experienced since 1944 and may be attributed to decreases in November and December of samples of milk and dairy products.

A total of 7,695 samples of milk and dairy products was examined in 1951 or 492 less than the number submitted in 1950. Results obtained in the testing of these samples revealed certain deviations from chemical standards as follows: Added water in 76 samples; butterfat deficiency in 64 samples; skimming in 7 samples; and excessive sediment in 38 samples. Only 1 sample of bottled milk was found improperly pasteurized in the examination by the phosphatase test of 4,904 samples of milk and 808 other samples of dairy products.

Chemical analyses were made of 976 samples of miscellaneous food products submitted by the Bureau of Food Control. This number represented an increase of 56 per cent in comparison with 1950 figures. Filth such as insect fragments or rodent contamination was found in 51 per cent of some 600 samples collected from 237 local establishments, principally bakeries.

Sixty-eight samples of ground meat suspected of having sodium sulfite were submitted from 27 local establishments. Quantities of sulfite ranging from 1.5 grains to 59 grains per pound were detected in 15 samples obtained from 9 meat dealers.

During the year, Dr. Emanuel Kaplan, Chief of the Division of Chemistry, testified in 15 prosecutions, instituted in the Housing Court by the Bureau of Food Control in which the defendants were all found guilty and paid fines in excess of \$2600. In 7 cases testimony related to the detection of filth in food, and in 8 cases the addition of sodium sulfite as a preservative in ground meat was the basis for prosecution.

The examination of 685 specimens of blood for lead as an aid in the diagnosis of lead poisoning constituted an increase of 4.9 per cent in comparison with the number submitted in 1950. Specimens obtained from 130 adults and 323 children were submitted by 15 hospitals and 57 practicing physicians. Abnormal amounts of lead were found in specimens from 28 adults engaged principally in scrap metal salvage, enamelware production and the manufacture of lead-coated wire. Of 109 children whose blood showed excessive amounts of lead 77 were diagnosed as cases of lead poisoning. Nine of the latter died. As part of the investigation of lead poisoning in children, the Bureau of Industrial Hygiene submitted 268 samples of paint scrapings collected from the homes of 113 children. Fifty-six per cent of the samples were found to contain lead.

Since 1935, approximately 3,000 specimens of blood from about 1,800 children have been tested for lead. The considerable increase in this service as well as the greater number of cases diagnosed as lead poisoning during the last 4 years was in contrast with the preceding 13 years as shown in the following tabulation:

PERIOD	NUMBER OF CHILDREN FROM WHOM SPECIMENS WERE SUBMITTED FOR LEAD TESTS		DIAGNOSED CASES OF LEAD POISONING IN BALTIMORE CHILDREN	
	Total	Average Number Per Year	Total	Average Number Per Year
1948-1951 (4 years).....	1,007	252	166	41.0
1935-1947 (13 years).....	772	59	161	12.4

Biologicals

Requests for antitoxins, sera, vaccines and other biologicals increased in 1951. A total of 29,502 packages was distributed, which was 15.7 per cent more than the figure for 1950. Individual products were distributed as follows: Immune serum globulin 12,486 c.c.; triple antigen 45,310 c.c.; rabies vaccine 2,122 vials; Koch's Old Tuberculin 3,135 c.c.; and Volmar patch tests 18,634 individual tests. All of the above represented an increased demand over the preceding year. Decreases were noted for diphtheria antitoxin of which 2,728,000 units were dispensed; antipertussis rabbit serum of which 316 c.c. were dispensed and alum-precipitated diphtheria toxoid of which 17,000 c.c. were dispensed.

Special Investigations

The joint investigation by Dr. Emanuel Kaplan, Chief of the Division of Chemistry and Mr. T. C. Buck Jr., Assistant Director of the Bureau of Laboratories, in 1950 in the development of a suitable procedure for the detection of horse meat by the biologic precipitin test was described in a paper published in March, 1951, in the *Journal of Milk and Food Technology*. Further studies were conducted in 1951 with cooked horse flesh because of its importance as a suitable antigen in the preparation of an antiserum for detecting horse meat in manufactured meat products such as bologna and frankfurters. When horse flesh is heated sufficiently long to denature the protein, the heated flesh will not react with an antiserum prepared against unheated horse serum. The use of a serum prepared from a heated antigen is necessary for the detection of cooked horse meat.

Mr. Buck continued studies begun in 1949 on the viability of coliform organisms in estuary waters. The 1951 work led to an elaborate investigation conducted by Mr. Buck, Mr. Clarence Keefer, Deputy Sewage Engineer and Miss Hester Hatch, bacteriologist at the Back River sewage disposal plant. A description of this work will be published in 1952.

In an investigation of an unusual incident involving a false-positive phosphatase test, the existence of a microbial phosphatase enzyme was established which was considerably less heat stable than bacterial phos-

phatase was thought to be prior to this time. The findings were confirmed by Dr. George P. Sanders of the Dairy Research Laboratories of the U. S. Department of Agriculture and author of the official Sanders-Sager modification of the phosphatase test. The need for change in the control procedure of the Official Method was called to the attention of the referee on this test for the Association of Official Agricultural Chemists.

Other studies included work on coliform bacteria in milk and water, the reliability of the Venereal Disease Research Laboratory STS that employs cardiolipin antigen, the determination of ammonia content of air, the detection of nitrous fumes and formaldehyde in air, the effectiveness of a spray-vacuum aspirator in the removal of fumes from a Kjeldahl apparatus, the efficiency of lunch size "thermos" type vacuum bottles in keeping milk cold, the improvement of a method for the quantitative determination of lead in paint scrapings and the production of lead-free demineralized water by the ion-exchange resin procedure.

Educational Activities

Services of the bureau were explained to approximately 275 visitors. Students from 2 schools of nursing, 2 colleges and 5 high schools were given demonstrations of laboratory procedures. Three candidates from the Johns Hopkins School of Hygiene and Public Health working for the degree of Master of Public Health were assigned to the bureau during the third quarter of the school year. Two lectures and one demonstration were given to the sophomore class of the School of Medicine of the University of Maryland. The lectures were on the bacteriology of milk and water. The demonstration was on the phosphatase test. The in-service training program was discussed with a representative of the U. S. Public Health Service.

Personnel

Clinton L. Ewing, Director
Theodore C. Buck, Jr., Assistant Director
Emanuel Kaplan, Sc.D., Chief, Division of Chemistry
Melissa P. Mann, A.B., Principal Bacteriologist
Katharine E. Welsh, A.B., Principal Bacteriologist
Mary J. McManus, B.A., Senior Bacteriologist
Evelyn M. Medwedeff, B.S., Senior Bacteriologist
Katharine E. Shea, B.A., Senior Bacteriologist
Rudolph Turner, B.S., Senior Bacteriologist
Irmgard Blackett, A.B., Senior Chemist
Shirley Mae Grossman, B.S., Junior Bacteriologist
Elizabeth Lovelace, A.B., Junior Bacteriologist
Rosalinda McKenna, A.B., Junior Bacteriologist
Byrd G. Wenke, Junior Bacteriologist
Robert S. Shaull, B.S., Junior Chemist

BUREAU OF LABORATORIES

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Sylvan H. Better, Laboratory Assistant
Warren W. Thiell, Laboratory Assistant
Harry L. Carman, Senior Administrative Officer
John A. Wheeler, Junior Administrative Officer
Kathryn Hiltner, Senior Stenographer
Alice E. Lippincott, Senior Stenographer
Frieda Ernst, Senior Clerk
Laura B. Grim, Senior Clerk
Marie R. Guckert, Senior Clerk
Michael J. Doonan, Senior Storekeeper
James L. Mitchell, B.S., Stockhandler
Warren H. Barnes, Chauffeur
Raymond Buettner, Laborer
Thomas H. Hale, Laborer
George H. Johnson, Laborer
Michael Madigan, Laborer
Louis Svatora, Laborer

TABLE NO. 1
SPECIMENS SUBMITTED AND THE NUMBER OF LABORATORY PROCEDURES
PERFORMED FOR EACH TYPE OF SPECIMEN

TYPE OF SPECIMEN AND TEST	NUMBER OF SPECIMENS	NUMBER OF TESTS
TOTAL	115,162	181,984
Animal heads	62	
Animal inoculation .....	..	62
Microscopic .....	..	1,100
Blood	89,246	
Agglutination .....	..	8,541
Culture .....	..	6,697
Microscopic .....	..	704
Serologic .....	..	104,102
Direct culture	5,307	
Agglutination .....	..	22
Animal inoculation .....	..	121
Culture .....	..	10,181
Microscopic .....	..	3,303
Exudates	6,179	
Animal inoculation .....	..	76
Culture .....	..	828
Microscopic .....	..	6,157
Feces	979	
Culture .....	..	5,277
Microscopic .....	..	2,961
Helminths	78	
Microscopic .....	..	81
Spinal fluid	1,249	
Animal inoculation .....	..	17
Culture .....	..	805
Microscopic .....	..	449
Serologic .....	..	2,180
Sputum	10,291	
Animal inoculation .....	..	33
Culture .....	..	10,326
Microscopic .....	..	8,663
Stomach lavage	1,063	
Animal inoculation .....	..	62
Culture .....	..	4,667
Microscopic .....	..	1,374
Urine	710	
Animal inoculation	124
Culture	2,162
Microscopic	909

BUREAU OF LABORATORIES

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TABLE NO. 2

EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATION

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATISFACTORY
TOTAL.....	141,510*	35,056	100,496	2,565	2,239
BRUCELLOSIS					
Total.....	1,496	30	1,305	33	128
Agglutination					
Blood.....	1,273	25	1,213	33	2
Culture					
Blood.....	5	..	3	..	2
Blood clot.....	218	5	89	..	124
DIPHTHERIA					
Total.....	863	172	688	..	3
Animal inoculation					
Virulence test.....	118	20	98	..	..
Microscopic					
Diagnostic.....	554	94	457	..	3
Institution.....	40	6	34	..	..
Release.....	151	52	99	..	..
ENTERIC INFECTIONS					
Total.....	6,034	614	4,909	501	10
Agglutination					
Blood, H antigen.....	2,372	256	1,722	393	1
Blood, O antigen.....	1,226	15	1,103	108	..
Culture					
Blood.....	251	56	191	..	4
Blood clot.....	941	3	937	..	1
Feces.....	962	58	901	..	3
Urine.....	282	226	55	..	1
GONOCOCCUS INFECTIONS					
Total.....	9,957	2,198	6,766	649	344
Exudate					
Culture.....	4,399	1,090	3,070	1	238
Microscopic.....	5,558	1,108	3,696	648	106
INFECTIOUS MONONUCLEOSIS					
Blood, agglutination.....	1,551	344	402	742	3
INTESTINAL PARASITES					
Total.....	683	57	624	1	1
Microscopic					
Feces.....	605	47	556	1	1
N.I.H. swabs.....	76	8	68	..	..
Worms.....	2	2	..	..	..
LEPTOSPIROSIS					
Blood, agglutination.....	3	..	1	..	2
MALARIA					
Blood, microscopic.....	10	..	10	..	..
MENINGITIS					
Spinal fluid, culture.....	1	1	..	..	..

* This includes 1,154 total protein tests (see next page).

TABLE NO. 2—Continued
EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATION

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATIS- FACTORY
METALLIC POISONING					
Total.....	604	223	297	160	14
Biochemic					
Lead					
Blood.....	685	219	293	159	14
Urine.....	7	3	4	..	..
Mercury					
Urine.....	2	1	..	1	..
PNEUMONIA					
Sputum, microscopic.....	1	..	1	..	..
RABIES					
Total.....	117	..	117	..	..
Animal inoculation					
Brain emulsion.....	55	..	55	..	..
Microscopic					
Animal brain.....	62	..	62	..	..
RICKETTSIAL INFECTIONS					
Total.....	1,984	9	1,951	20	4
Agglutination					
Blood					
Proteus OX ₂	972	2	957	13	..
Proteus OX ₁₅	971	6	958	7	..
Complement-fixation					
Blood					
Endemic typhus.....	12	..	11	..	1
"Q" Fever.....	7	..	7	..	..
Rocky Mountain spotted fever.....	22	1	18	..	3
STREPTOCOCCUS INFECTIONS					
Total.....	21	18	2	..	1
Culture					
Blood.....	7	6	1	..	..
Sputum.....	8	8	..	..	..
Swab.....	6	4	1	..	1
SYPHILIS					
Total.....	105,290	29,397	73,932	300	507
Biochemic					
Gum mastic.....	1,092	110	981	1	..
Total protein.....	1,154*	..	..	..	..
Complement-fixation					
Eagle					
Blood.....	223	44	170	9	..
Spinal fluid.....	1,088	86	962	30	10
Flocculation					
Eagle-Strauss					
Blood.....	86,864	14,515	71,635	173	491
Hinton					
Blood.....	148	79	23	40	6
Kline diagnostic					
Blood.....	227	69	111	47	..
Titre.....	14,494	14,494	..	..	..

* This figure is included in grand total. Not classified as to results.

TABLE NO. 2—Concluded
EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATION

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATIS- FACTORY
TRICHOMONIASIS					
Exudate, microscopic.....	322	239	82	..	1
TUBERCULOSIS					
Total.....	12,039	1,552	9,116	152	1,219
Animal inoculation					
Exudate.....	84	11	72	..	1
Sputum.....	42	4	38	..	..
Stomach lavage.....	88	7	79	..	2
Urine.....	129	17	107	..	5
Culture					
Exudate.....	87	8	51	..	8
Sputum.....	1,071	100	919	2	50
Stomach lavage.....	485	52	413	..	20
Urine.....	117	8	78	..	31
Microscopic					
Exudate.....	108	3	103	1	1
Sputum.....	9,174	1,319	6,816	140	1,099
Stomach lavage.....	491	15	467	9	..
Urine.....	183	8	173	..	2
TULAREMIA					
Blood, agglutination.....	85	..	84	1	..
VINCENT'S INFECTION					
Exudate, microscopic.....	39	24	9	6	..
VIRUS INFECTIONS					
Complement-fixation					
Blood					
Ornithosis-psittacosis.....	11	..	11	..	..
OTHER EXAMINATIONS					
Total.....	309	178	129	..	2
Biochemic.....	16	10	6	..	..
Culture.....	290	168	120	..	2
Microscopic.....	3	..	3	..	..

TABLE NO. 3
BIOLOGICALS DISTRIBUTED TO PHYSICIANS, HOSPITALS AND INSTITUTIONS

PRODUCT	NUMBER OF PACKAGES	BASIC CONTENT	TOTAL AMOUNT
TOTAL.....	29,502		
Diphtheria biologicals			
Antitoxin.....	140	Unit	2,728,000 units
Toxin for Schick test.....	17	Test	210 tests
Toxoid, alum-precipitated.....	1,700	Cubic centimeter	17,000 c.c.
Toxoid, fluid.....	13	Cubic centimeter	390 c.c.
Conjunctival tests			
Horse serum.....	29	Test	232 tests
Rabbit serum.....	15	Test	120 tests
Measles			
Immune serum globulin.....	6,243	Cubic centimeter	12,486 c.c.
Penicillin.....	2,381	Unit	6,359,700,000 units
Pertussis biologicals			
Antipertussis serum, rabbit.....	79	Cubic centimeter	316 c.c.
Rabies vaccine (human).....	2,122	Dose	2,122 doses
Silver nitrate solution, one per cent.....	268	Ampule	532 ampules
Smallpox vaccine.....	7,430	Tubes	37,150 tubes
Tetanus biologicals			
Antitoxin.....	606	Unit	1,294,000 units
Toxoid, alum precipitated.....	568	Cubic centimeter	5,680 c.c.
Toxoid, fluid.....	254	Cubic centimeter	2,540 c.c.
Triple antigen			
Diphtheria and tetanus toxoids combined with pertussis vaccine.....	4,531	Cubic centimeter	45,310 c.c.
Tuberculin biologicals			
Koch's old.....	627	Cubic centimeter	3,135 c.c.
Patch test.....	1,876	Test	18,634 tests
Typhoid vaccine.....	187	Cubic centimeter	2,255 c.c.
Typhoid-paratyphoid vaccine.....	448	Cubic centimeter	4,700 c.c.

TABLE NO. 4
SUPPLY MATERIALS AND OUTFITS PREPARED AND DISTRIBUTED

Glassware and material cleaned (units).....	1,125,191
Sterilized.....	561,384
Bottles.....	43,368
Petri dishes.....	91,390
Pipettes.....	193,794
Tubes.....	208,854
Vials.....	18,379
Miscellaneous.....	5,009
Media prepared.....	1,640
Liters.....	4,663
Bottles.....	15,842
Petri dishes.....	63,242
Tubes.....	15,029
Vials.....	
Outfits.....	
Prepared.....	124,655
Distributed.....	122,801
Culture stations.....	1,302
Health districts.....	83,341
Laboratory.....	38,252
Water distilled (gallons).....	2,043

TABLE NO. 5
FOOD AND OTHER SAMPLES SUBMITTED FOR BACTERIOLOGIC ANALYSIS AND
EXAMINATIONS PERFORMED

TYPE OF SAMPLE	NUMBER OF SAMPLES	NUMBER OF TESTS
TOTAL	8,617*	21,024
Air impinger samples.....	16	
Plate count.....	..	28
Microscopic count.....	..	18
Coliform count.....	..	18
Special tests.....	..	35
Cream, pasteurized (plant, store, truck).....	549	
Plate count.....	..	553
Microscopic count.....	..	21
Coliform count.....	..	1,165
Special tests.....	..	361
Temperature check.....	..	43
Cream, raw.....	3	
Plate count.....	..	3
Check work with outside laboratories.....	0	
Plate count.....	..	94
Coliform count.....	..	2
Equipment for sterility (bottles, containers).....	274	
Plate count.....	..	274
Food products.....	133	
Plate count.....	..	133
Microscopic count.....	..	39
Coliform count.....	..	212
Special tests.....	..	270
Food poisoning.....	61	
Culture tests.....	..	226
Plate count.....	..	61
Microscopic count.....	..	205
Special tests.....	..	84
Animal inoculation.....	..	8
Goat milk (plant, store, truck) pasteurized and raw.....	69	
Plate count.....	..	69
Coliform count.....	..	91
Special tests.....	..	55
Temperature check.....	..	19
Hand swabbings.....	259	
Plate count.....	..	259
Coliform count.....	..	383
Microscopic count.....	..	28
Special tests.....	..	71
Ice cream (plant, store, truck).....	605	
Plate count.....	..	559
Coliform count.....	..	1,187
Special tests.....	..	330

* Of this number, 5,269 samples were submitted for bacteriologic examination only; the other samples were submitted for bacteriologic and chemical analysis.

TABLE NO. 5—Continued
 FOOD AND OTHER SAMPLES SUBMITTED FOR BACTERIOLOGIC ANALYSIS AND
 EXAMINATIONS PERFORMED

TYPE OF SAMPLE	NUMBER OF SAMPLES	NUMBER OF TESTS
Insects.....	14	
Identification.....	..	14
Milk, pasteurized (plant, store, truck).....	2,368	
Plate count.....	..	568
Microscopic count.....	..	5
Coliform count.....	..	4,064
Special tests.....	..	1,598
Temperature check.....	..	250
Milk, chocolate, pasteurized (plant, store, truck).....	264	
Plate count.....	..	264
Coliform count.....	..	440
Special tests.....	..	48
Temperature check.....	..	32
Milk, raw (shipper, plant).....	669	
Plate count.....	..	847
Microscopic count.....	..	42
Special tests.....	..	59
Temperature check.....	..	19
Miscellaneous samples.....	31	
Plate count.....	..	39
Microscopic count.....	..	13
Coliform count.....	..	47
Special tests.....	..	28
Shellfish and seafood.....	3	
Plate count.....	..	3
Coliform count.....	..	5
Special tests.....	..	8
Swabbings from utensils and equipment.....	1,136	
Plate count.....	..	1,136
Coliform count.....	..	116
Special tests.....	..	352
Water.....	2,163	
Plate count.....	..	1,253
Coliform count.....	..	2,163
Special tests.....	..	1,601

TABLE NO. 6
 SAMPLES SUBMITTED FOR CHEMICAL ANALYSIS AND THE NUMBER OF LABORATORY
 PROCEDURES PERFORMED FOR EACH TYPE OF SAMPLE

TYPE OF SAMPLE	NUMBER OF SAMPLES	NUMBER OF TESTS
TOTAL.....	11,919*	35,526
Body fluids and excreta.....	1,789	
Lead test.....	..	2,074
Total protein.....	..	1,154
Unclassified biochemic tests.....	..	13
Dairy products (milk, cream, ice cream, etc.).....	7,695	
Butterfat test.....	..	5,961
Refractive index (added water).....	..	1,010
Phosphatase test.....	..	11,795
Sediment test.....	..	984
Unclassified tests.....	..	8,567
Food products.....	976	
Filth test (rodent and insect infestation).....	..	2,123
Adulteration test.....	..	615
Decomposition tests.....	..	212
Unclassified tests.....	..	228
Miscellaneous samples (air, dusts, solvents, etc.).....	678	
Industrial poison tests.....	..	3,140
Unclassified tests.....	..	530
Solutions and outfits.....	317	
Unclassified tests.....	..	1,628
Water samples.....	464	
pH.....	..	374
Sanitary analysis.....	..	119

* Of this number, 7,102 samples were submitted for chemical analysis only; the other 4,817 samples were submitted for bacteriologic and chemical analysis.

TABLE NO. 7
BLOOD AND SPINAL FLUID SPECIMENS FOR STS BY SOURCE—1942-1951

YEAR	NUMBER OF PHYSICIANS SUBMITTING SPECIMENS	NUMBER OF SPECIMENS					PERCENTAGE DISTRIBUTION				
		Total	Source				Total	Source			
			Physi- cians	Clinics	Hos- pitals	Com- mercial Firms		Physi- cians	Clinics	Hos- pitals	Com- mercial Firms
1951	874	87,969	32,259	28,127	10,436	17,147	100.0	36.7	31.9	11.9	19.5
1950	865	90,629	33,367	32,734	10,682	13,846	100.0	36.8	36.1	11.8	15.3
1949	700	97,213	38,865	36,315	11,565	10,468	100.0	39.9	37.3	12.0	10.8
1948	707	108,336	42,407	35,591	14,916	15,422	100.0	39.1	32.9	13.8	14.2
1947	701	110,770	46,680	32,131	16,140	15,819	100.0	42.1	29.0	14.6	14.3
1946	784	121,939	46,205	32,611	19,194	23,839	100.0	37.9	26.8	15.8	19.5
1945	526	102,214	38,118	21,412	16,767	25,917	100.0	37.3	20.9	16.4	25.4
1944	504	91,249	36,406	21,608	11,281	21,954	100.0	39.9	23.7	12.3	24.1
1943	505	99,508	38,181	17,872	4,798	38,657	100.0	38.4	17.9	4.8	38.8
1942	633	153,877*	32,522	15,551	6,583	48,098	100.0	21.1	10.1	4.3	31.3

* This total includes 51,123 specimens from Selective Service Registrants or 33.2 per cent.

EASTERN HEALTH DISTRICT

EASTERN HEALTH DISTRICT

Henry F. Buettner, M.D.

Acting Health Officer

Perhaps the outstanding public health event for the year in the Eastern Health District was the approval by the voters of Baltimore of the Buildings and Structures Loan which will provide \$1,000,000 to construct and equip a new Eastern Health District building to house administrative offices and selected clinics. The new structure, as planned, will be located at the southwest corner of Monument and Caroline Streets and will be a part of the Broadway Redevelopment Area which will extend immediately to the west of the Johns Hopkins Hospital. The architect's drawing of the new building can be found on page 22 of this report.

Acute Communicable Diseases

Increases in communicable diseases over the previous year occurred as follows: Measles from 17 cases to 864, German measles from 9 cases to 36 and mumps from 48 cases to 299. Decreases were experienced as follows: Paralytic poliomyelitis from 23 cases to 2, meningococcal infections and diphtheria each from 3 cases to one, and whooping cough from 278 cases to 52.

Venereal Diseases

Somerset Health Center showed a decline in clinic visits from 9,516 in 1950 to 7,593 in 1951. Although there was an increase in the number of cases of both gonorrhea and syphilis, the decrease in clinic visits was due to the lesser number of treatments administered for syphilis.

Tuberculosis

Public health nurses made 5,775 home visits in the supervision of adults and children with active tuberculosis. The X-ray screening clinic took 5,574 films of contacts of active cases, volunteers and persons for pre-employment, of whom 176 needed follow-up and 11 were reported as new cases of tuberculosis. BCG vaccine was administered to 237 persons especially exposed to the risk of contracting tuberculosis compared with 94 persons inoculated the previous year.

A total of 932 white children in Public School No. 83 was tuberculin tested of which number 29 were positive; and of 999 colored children tested in Public School No. 139, positive reactions were noted in 124. All children reacting to tuberculin were given X-ray examinations.

School Hygiene

A total of 3,871 children was examined in the elementary public and parochial schools and 1,536 children were found to have one or more physical defects.

The dental clinic in Public School No. 139 held 154 three-hour clinic sessions for the children of this school and three other schools in the area. A total of 1,753 dental services was provided to 249 children during their 760 visits to the clinic.

Other Services

A total of 14,578 visits was made to the well baby clinics in the seventeen weekly sessions throughout the year and 1,779 antenatal and postnatal visits were made to the maternity hygiene clinics which were held four times every week. Dr. Marcia Cooper of the Johns Hopkins School of Hygiene and Public Health conducted the Mothers' Advisory Service which admitted 67 new patients and continued supervision of 156 patients from the previous year.

Teaching

Sixteen candidates for the degree of Master of Public Health from the School of Hygiene and Public Health of the Johns Hopkins University were given instruction in district health administration. The course of instruction consisted of observation, home visiting, lectures and case seminars. Students in the senior class of the Johns Hopkins School of Medicine also received instruction in social and preventive medicine through home visits, case studies and seminars. An eight weeks course, which consisted of observation, classes and field instruction was given to 7 nurses newly appointed to the staff of the Baltimore City Health Department, 23 students from the Johns Hopkins Hospital School of Nursing and 5 students from the Sinai Hospital School of Nursing.

The civic experience program for students of Patterson Park High School and Clara Barton Vocational High School was continued. Students visited the district building, received orientation lectures and observed clinic activities.

Personnel

Dr. George A. Silver, who was appointed Health Officer of the district on September 27, 1948, resigned on July 10, 1951, to accept the position of Chief of the Division of Social Medicine at Montefiore Hospital in New York City. A number of changes in the nursing personnel were necessitated by resignations, transfers and leaves of absence. Two nurses were given military leave and one was granted a leave of absence to attend the Uni-

versity of Pennsylvania. Mrs. Kathryn Wohlsen was appointed acting supervisor of nursing on April 1 to fill the vacancy created by the promotion of Miss Gertrude V. Boquist to administrative nursing supervisor in 1950.

Visitors

Visitors to the district came from many parts of the United States and Canada and from Argentina, Austria, Bolivia, Brazil, Chile, China, Denmark, England, Formosa, Germany, India, Japan, Pakistan and Switzerland.

Personnel

Henry F. Buettner, M.D., Acting District Health Officer
Hugh P. Hughes, M.D., Health Officer
Thomas C. Webster, M.D., Medical Investigator
Gertrude V. Boquist, B.S., Supervisor of Public Health Nursing
Mary I. Streckfus, Supervisor of Public Health Nursing
Wilda Snyder, B.S., Supervisor of Public Health Nursing
Clara C. Plichta, Acting Supervisor of Public Health Nursing
Kathryn S. Wohlsen, B.A., M.A., Acting Supervisor of Public Health Nursing

Public Health Nurses

Mary Helen Abbott	Mary B. Lanahan
Louise E. Allman	Mary H. Merva
Ida D. Barnard	Grace P. Orr
Marjorie S. Brown	Elizabeth N. Quinlin
Helene M. Delaney	Wanda J. Raczniaik
Freda W. Fletcher	Jeannette T. Schaub
Ellen D. Foster	Peggy F. Sheeler
Caroline S. Funderburk, B.S.	Ruth L. Sponseller, A.B.
Mildred L. Gambrill	Martha Tacka
Marie T. Hellman	Annie Mae Teeter, B.A., B.S.
Annette Houck	Hilda E. Thompson
Gertrude K. Huntley	Margaret A. Tripoda
Gladys R. Johnson	Elizabeth C. Waldron
Eleanore Kaschel, B.A.	Pearl J. Winston
Juanita W. King	

Edna E. Herget, Junior Administrative Officer
Helen R. Ewalt, Senior Clerk
Regina Spear, Secretary
Elaine E. Williams, Junior Stenographer
Anna Jansky, Janitress
William Richardson, Janitor

TABLE NO. 1
RESIDENT BIRTHS, EASTERN HEALTH DISTRICT—1951

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
ALL BIRTHS	2,869	1,394	1,475
Hospital	2,661	1,333	1,328
Home	208	61	147
Private physician	131	44	87
Midwife	74	16	58
Other	3	1	2

TABLE NO. 2
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES CLASSIFIED
BY COLOR—EASTERN HEALTH DISTRICT—1951

CAUSE OF DEATH	WHITE	COLORED	TOTAL
ALL CAUSES	823	501	1,324
Tuberculosis, all forms (001-019)	35	52	87
Respiratory tuberculosis (001-008)	35	47	82
Syphilis (020-029)	6	11	17
Diphtheria (055) .....	..	1	1
Other infective diseases of bacterial origin (030-039, 052-054, 058-064, 070-074) .....	..	2	2
Other virus diseases (086-096) .....	..	1	1
Malignant neoplasms (140-205)	135	58	193
Lymphatic and hematopoietic (200-206)	7	3	10
Benign and unspecified neoplasms (210-239)	1	1	2
Diabetes (260)	25	4	29
Anemias (290-293) .....	..	3	3
Other diseases of the blood and blood-forming organs (294-299)	1	..	1
Vascular lesions of the central nervous system (330-334)	54	33	87
Rheumatic fever (400-402)	1	3	4
Diseases of the heart (410-443)	362	135	497
Chronic rheumatic heart disease (410-416)	7	4	11
Arteriosclerotic and degenerative heart disease (420-422)	272	62	334
Other diseases of the heart (430-434)	6	2	8
Hypertensive heart disease (440-443)	77	67	144
Other hypertensive diseases (444-447)	6	8	14
Arteriosclerosis (450)	11	..	11
Other diseases of the circulatory system (451-468)	2	3	5
Nephritis and nephrosis (590-594)	13	10	23
Influenza and pneumonia (480-483, 490-493)	23	31	54
Pneumonia (490-493)	22	31	53
Bronchitis (500-502)	2	1	3
Ulcer of the stomach and duodenum (540-542)	9	1	10
Appendicitis (550-553)	2	1	3
Intestinal obstruction and hernia (560-570)	9	2	11
Gastritis, duodenitis, enteritis and colitis (543, 571, 572)	2	2	4
Cirrhosis of the liver (581)	12	5	17
Hyperplasia of prostate (610)	1	1	2
Puerperal causes (640-689) .....	..	1	1
Congenital malformations (750-759)	10	12	22
Certain diseases of early infancy (760-776)	28	34	62
Pneumonia of newborn (763)	1	3	4
Diarrhea of newborn (764) .....	..	..	..
Senility, ill-defined and unknown conditions (780-795)	3	1	4
All other diseases	32	30	62
Accidents, total (800-962, 965)	29	37	66
Motor vehicle accidents (810-835)	11	11	22
Suicides (963, 970-979)	7	1	8
Homicides (984, 980-985)	2	16	18

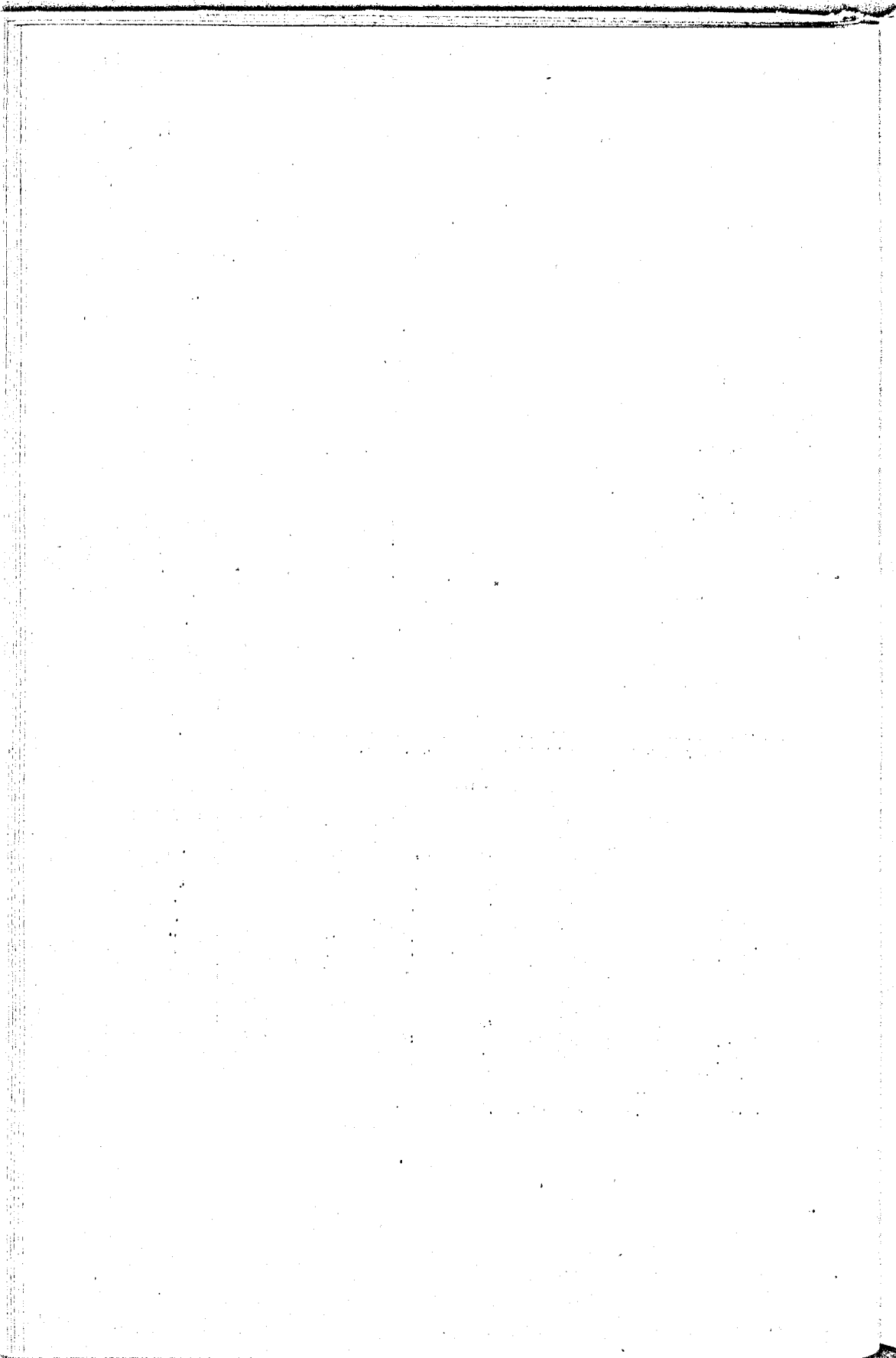
TABLE NO. 3
COMMUNICABLE DISEASES REPORTED IN THE EASTERN HEALTH DISTRICT—1951

DISEASE	TOTAL	WHITE	COLORS
TOTAL.....	3,793	868	2,925
Chickenpox.....	161	86	75
Diphtheria.....	1	..	1
German measles.....	36	26	10
Gonococcus infections.....	1,203	59	1,144
Influenza.....	10	8	2
Measles.....	864	332	532
Meningococcal infections.....	1	..	1
Mumps.....	299	163	136
Pneumonia, all forms.....	179	38	141
Poliomyelitis (paralytic cases).....	2	2	..
Rheumatic fever.....	9	3	6
Scarlet fever.....	36	11	25
Syphilis.....	570	45	525
Tuberculosis, all forms.....	220	69	151
Typhoid fever.....	1	..	1
Whooping cough.....	52	6	46
All others.....	149	20	129

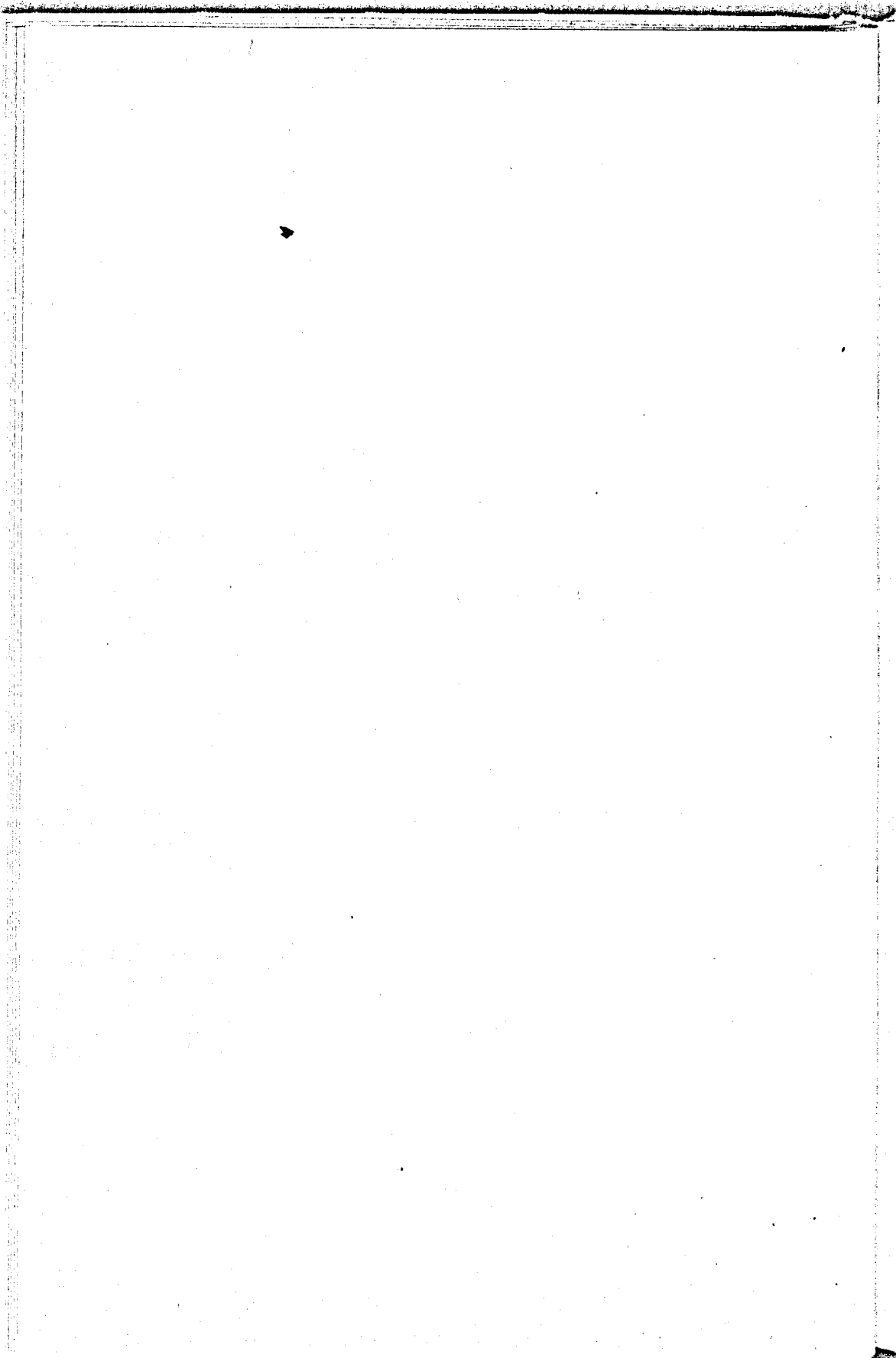
TABLE NO. 4
DIPHTHERIA TOXOID AND PERTUSSIS VACCINE INOCULATIONS ACCORDING TO
RACE AND AGE OF CHILDREN—EASTERN HEALTH DISTRICT—1951

AGE	DIPHTHERIA TOXOID			PERTUSSIS VACCINE*		
	Total	White	Colored	Total	White	Colored
TOTAL.....	3,386	1,615	1,771	1,918	916	1,002
Under 1 year.....	1,704	874	830	1,570	757	813
1 year.....	217	87	130	192	80	112
2 years.....	82	29	53	65	25	40
3 years.....	106	42	64	27	11	16
4 years.....	249	91	158	19	6	13
5 years.....	473	224	249	30	23	7
6 years.....	262	159	103	11	10	1
7 years.....	95	53	42	..	..	..
8 years.....	104	22	82	2	2	..
9 years.....	37	8	29	..	..	..
10 years and over.....	57	26	31	2	2	..

* Pertussis vaccine was administered in combination with diphtheria and tetanus toxoids.



WESTERN HEALTH DISTRICT



WESTERN HEALTH DISTRICT

For the second consecutive year since the resignation of Dr. Alfred C. Moore the Assistant Commissioner of Health continued to act as district health officer. Miss Martha Baer, Clinical Instructor of the University of Maryland School of Nursing, was loaned to the Western Health District for a year's experience in public health nursing and in the supervision of affiliating student nurses. Dr. Annie M. Bestebreutji was assigned to a well baby clinic sponsored jointly by the University of Maryland Medical School and the Health Department.

The medical care clinic at the University of Maryland Hospital and the Baltimore Rh Typing Laboratory continued to utilize the services of the Health Department through the district office. Students of the senior class of the University of Maryland Medical School prepared their "Home Survey Reports" by visiting the district office to evaluate field records of selected patients and to discuss the cases with the public health nurse before making the home visits. A total of fourteen student nurses from the University of Maryland Hospital School of Nursing affiliated in public health. Activities of the immunization and well baby clinics were observed by a total of forty-five students. Included among these were five students from the Lutheran Hospital School of Nursing and six students from the Maryland General Hospital School of Nursing who observed in the field as well as in the well baby clinic, and six students of the Johns Hopkins Hospital School of Nursing who observed only in the well baby clinic in the district. Visitors to the Western Health District included Miss Margaret B. Wiles, Maternity and Child Hygiene Consultant for the Maryland State Department of Health, Mme. Marianne Martin, Director of the Medical Social Center in Paris, France, and Miss Marguerite Hihdorn, Maternity Supervisor of the University of Maryland Hospital.

Other educational activities included participation in the following programs: Atomic warfare film and lecture series, a tuberculosis institute, a polio institute, a mental hygiene film series, seminars in mental hygiene sponsored by Dr. Sibyl Mandell, Chief of the Division of Mental Hygiene, nutrition seminars conducted by Miss Eleanor L. McKnight, a lecture on new drugs by Dr. John C. Krantz, Jr., Professor of Pharmacology in the University of Maryland School of Medicine, a discussion of school hygiene by Dr. Alan Foord, Associate Chief of the Division of School Health and field trips to the Kernan Hospital for Crippled Children and to the Victor Cullen State Hospital for Tuberculosis.

The first dental care clinic under the new dental care program was opened for students from Public Schools Nos. 10, 48 and 68 and for stu-

dents at St. Peter's the Apostle, St. Joseph's Monastery, and the Fourteen Holy Martyrs parochial schools. Emergency dental treatment was provided for students from four other public schools.

Public School No. 86, a school for white children, became Public School No. 141 for colored in September, 1951, and was transferred to Druid Health District service. The white well baby clinic No. 26 which was held in Public School No. 86 was closed. Well baby clinic No. 22 at the Enoch Pratt Branch Library No. 12 at Barre and Carroll Streets was closed in June, 1951. Parent Education classes also held in the clinic by Dr. Sibyl Mandell were discontinued on the same date. The St. John the Baptist parochial school did not reopen in September, 1951, and Public School No. 48A for white children was placed under Western Health District supervision. Five new staff nurses were introduced, one nurse was transferred to another district, three nurses resigned, and three were given leaves of absence.

Personnel

District Health Officer

Gilbert E. Rudman, M.D., Medical Investigator
Ola C. Early, Supervisor of Public Health Nursing
Henrietta L. Gintling, Supervisor of Public Health Nursing

Public Health Nurses

Mary J. Amos	Edna B. Kenny
Sarah Babb	S. Margaret King
Irene T. Barnhill	Jean S. Lampson
Grace Berger	Sarah S. Leach
Jane S. Bowen	Eva K. Lowry
Alice E. Brown, B.S.	Jeanne B. McDonnell
Wilma Clear	Margaret D. Miller
Evelyn M. Cortez	Mary B. Tewell
Catherine Corzine	Mary M. Vogelstein
Georgetta Eggeston	Mildred Watson
Ruth Guyton	Edna V. Yates

Marilyn Klompus, Junior Stenographer
Elizabeth J. Heine, Junior Typist

WESTERN HEALTH DISTRICT

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TABLE NO. 1
RESIDENT BIRTHS, WESTERN HEALTH DISTRICT—1951

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORLED
ALL BIRTHS	2,846	2,117	729
Hospital.....	2,626	2,033	593
Home.....	220	84	136
Private physician.....	144	73	71
Midwife.....	74	11	63
Other.....	2	..	2

TABLE NO. 2
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES CLASSIFIED
BY COLOR—WESTERN HEALTH DISTRICT—1951

CAUSE OF DEATH	WHITE	COLORLED	TOTAL
ALL CAUSES.....	1,152	234	1,386
Tuberculosis, all forms (001-019).....	30	28	58
Respiratory tuberculosis (001-008).....	29	24	53
Syphilis (020-029).....	3	6	9
Meningococcal infections (057).....	1	..	1
Other infective diseases of bacterial origin (030-039, 052-054, 058-064, 070-074).....	1	1	2
Poliomyelitis, acute (080-081).....	1	..	1
Other virus diseases (086-096).....	1	..	1
Other infective and parasitic diseases (110-138).....	1	..	1
Malignant neoplasms (140-205).....	196	21	217
Lymphatic and hematopoietic (200-205).....	10	2	12
Benign and unspecified neoplasms (210-239).....	5	1	6
Diabetes (260).....	28	1	29
Anemias (290-293).....	1	1	2
Vascular lesions of the central nervous system (330-334).....	74	15	89
Rheumatic fever (400-402).....	2	1	3
Diseases of heart (410-443).....	506	71	577
Chronic rheumatic heart disease (410-416).....	25	2	27
Arteriosclerotic and degenerative heart disease (420-422).....	357	27	384
Other diseases of the heart (430-434).....	7	4	11
Hypertensive heart disease (440-443).....	117	38	155
Other hypertensive diseases (444-447).....	12	2	14
Arteriosclerosis (450).....	19	2	21
Other diseases of the circulatory system (451-468).....	9	1	10
Nephritis and nephrosis (590-594).....	16	2	18
Influenza and pneumonia (480-483, 490-493).....	29	17	46
Pneumonia (490-493).....	27	16	43
Bronchitis (500-502).....	1	..	1
Ulcer of stomach and duodenum (540-542).....	2	3	5
Appendicitis (550-553).....	2	..	2
Intestinal obstruction and hernia (560-570).....	12	..	12
Gastritis, duodenitis, enteritis and colitis (543, 571, 572).....	1	..	1
Cirrhosis of the liver (581).....	26	3	29
Hyperplasia of prostate (610).....	3	..	3
Puerperal causes (640-689).....	3	1	4
Congenital malformations (760-789).....	11	2	13
Certain diseases of early infancy (760-776).....	38	16	54
Pneumonia of newborn (763).....	2	2	4
Diarrhea of newborn (764).....	..	..	..
Senility, ill-defined and unknown conditions (780-795).....	8	..	8
All other diseases.....	47	9	56
Accidents, total (800-962, 965).....	52	17	69
Motor vehicle accidents (810-836).....	15	3	18
Suicides (963, 970-979).....	11	1	12
Homicides (964, 980-985).....	..	12	12

TABLE NO. 3
COMMUNICABLE DISEASES REPORTED IN THE WESTERN HEALTH DISTRICT—1951

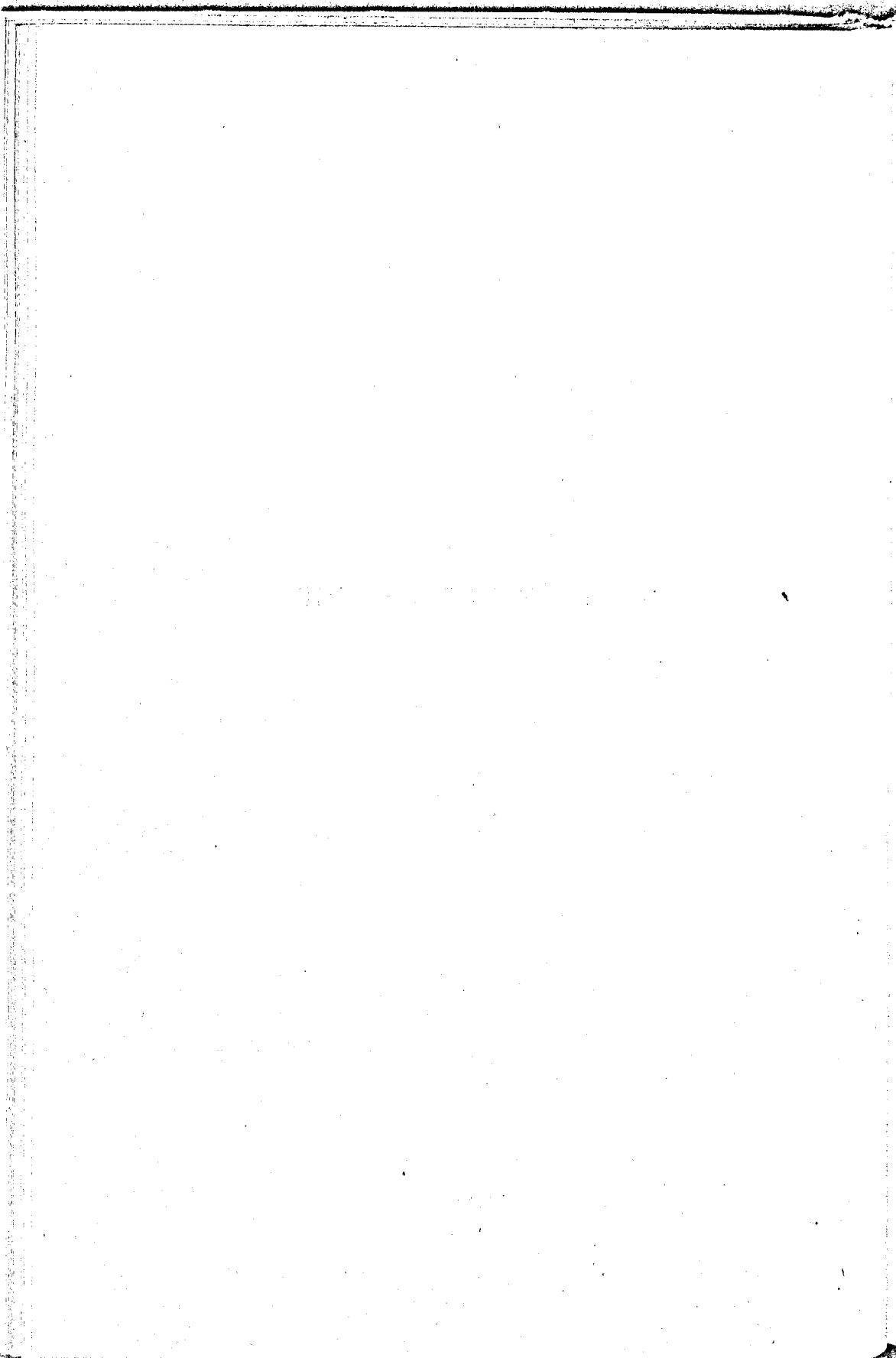
DISEASE	TOTAL	WHITE	COLORED
TOTAL.....	2,430	1,263	1,167
Chickenpox.....	181	155	26
Diphtheria.....	..	..	..
German measles.....	57	56	1
Gonococcus infections.....	685	83	602
Influenza.....	6	5	1
Measles.....	596	417	179
Meningococcal infections.....	2	1	1
Mumps.....	258	250	8
Pneumonia, all forms.....	62	42	20
Poliomyelitis (paralytic cases).....	8	8	..
Rheumatic fever.....	6	3	3
Scarlet fever.....	49	45	4
Syphilis.....	264	45	219
Tuberculosis, all forms.....	189	109	80
Typhoid fever.....	1	..	1
Whooping cough.....	30	22	8
All others.....	36	22	14

TABLE NO. 4
DIPHTHERIA TOXOID AND PERTUSSIS VACCINE INOCULATIONS ACCORDING TO RACE
AND AGE OF CHILDREN—WESTERN HEALTH DISTRICT—1951

AGE	DIPHTHERIA TOXOID			PERTUSSIS VACCINE*		
	Total	White	Colored	Total	White	Colored
TOTAL.....	3,461	2,479	982	1,874	1,305	569
Under 1 year.....	1,665	1,228	437	1,450	1,028	422
1 year.....	279	189	90	252	164	88
2 years.....	79	52	27	65	38	27
3 years.....	127	109	18	34	23	11
4 years.....	228	187	41	29	19	10
5 years.....	549	347	202	26	19	7
6 years.....	322	212	110	12	8	4
7 years.....	69	48	21	3	3	..
8 years.....	61	43	18	1	1	..
9 years.....	32	24	8	1	1	..
10 years and over.....	50	40	10	1	1	..

* Pertussis vaccine was administered in combination with diphtheria and tetanus toxoids.

DRUID HEALTH DISTRICT



DRUID HEALTH DISTRICT

H. Maceo Williams, M.D., M.P.H.

Health Officer

Forty-seven clinic sessions weekly were conducted in the Druid Health District in 1951 as follows: Adult venereal diseases 12, children's venereal diseases 2, prenatal 5, chest 10, and well baby 18. Twenty-eight sessions were held in the district building and 19 elsewhere in the district. A prenatal clinic formerly held in the Druid Health District building was moved to the Gilmore Housing Project on January 22. Extensive alterations were made by the Housing Authority of Baltimore City in order to make the prenatal clinic services more available to the many people living in the area. A daily well baby clinic was conducted in the space made available through the kindness of the Gilmore Housing Project manager and his personnel. Well baby clinics were also conducted at School No. 176, St. Mary's Protestant Episcopal Church and School No. 141.

Public health nurses served 29 public and parochial schools in the district. Schools Nos. 141, 142 and 161 were taken on in September. Since no school physicians were available to take charge of the medical services in these schools, the District Health Officer added them to his duties. During the year Dr. Nels A. Nelson, Director of the Bureau of Venereal Diseases, conducted his regular monthly conferences with key personnel from the venereal disease clinic, his office and the Druid Health District. Dr. Sibyl Mandell and Miss Eleanor L. McKnight continued their work in mental hygiene and nutrition, respectively, in the clinics and for the nursing personnel of the district. Miss Margaret Galbreath, Supervisor of Nursing for Industrial Hygiene, gave a series of lectures on nursing in atomic warfare to the nurses in the district as well as to nurses of the voluntary organizations and hospitals. These conferences were conducted in the Druid Health Center building. Mr. Joseph Gordon, Director of the Bureau of Health Information, assisted the District Health Officer in arranging a series of meetings consisting of lectures, motion pictures and audience participation on the subject of "Happier Living." The neighborhood Young Men's Christian Association, Police Boys' Club, Northwestern Community Council, Department of Recreation and Parks and the Housing Authority of Baltimore City cooperated in making these meetings successful.

The Monumental City Medical Society continued to meet in the district building every month, a practice which was started when the Druid Health Center building was first opened to the public twelve years previously. The

Maryland Dental Society conducted one meeting in the Center. Student nurses from the Maryland General Hospital, University of Maryland Hospital, Union Memorial Hospital and Lutheran Hospital assembled at the Center during the year to observe in the clinics or to receive instructions in public health nursing. A total of 76 nurses in these groups received public health nursing instruction. Six student nurses from the Provident Hospital completed their affiliation in public health training during the year. Twenty nurses from the Henryton State Hospital for Tuberculosis observed in the field and in the Druid chest clinic in 1951.

Personnel

H. Maceo Williams, M.D., M.P.H., District Health Officer
 James B. Hawkins, M.D., Health Officer
 Dorothea E. Tag, Supervisor of Public Health Nursing
 Anita K. Henson, Supervisor of Public Health Nursing
 Anna Persch, Supervisor of Public Health Nursing

Public Health Nurses

Mary T. Brown	Pearl A. Levering
Marjorie J. Boyd	Elizabeth E. Lingo
Olga M. Chambers	Elizabeth C. Livingston
Florence R. Coates	Margaret L. Lockerman
Lelia F. Davage	Dorothie W. Mills
Dorothy W. Davis	Lillian B. Mills
Ethelyn B. Dever	Vivian R. Pendleton
Katie W. Fernandis	Agnes Pilgrim
Mary R. Fitchett	Colleen Richardson
Geneva Gartside	Elnora Robinson
Mamie D. Greene	Joyce G. Scott
Katherine Hafey	Lillyan F. Slater
Margaret S. Harper	Jessica B. Taylor
Ella N. Hughes	Louise A. Ward
Mildred W. Jones	Jo Ann Wendler
Ruth Keller	Credella F. White
Irene F. Kyler	Eleanore S. Willis

Leah P. Winters

Iris E. Brown, Junior Stenographer
 Vivian W. Roberts, Junior Stenographer
 James C. Collins, Janitor
 Bernard A. Smith, Janitor
 Ethel Clark, Janitress
 William Chavis, Elevator Operator

DRUID HEALTH DISTRICT

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TABLE NO. 1
RESIDENT BIRTHS, DRUID HEALTH DISTRICT—1951

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORLED
ALL BIRTHS.....	4,243	332	3,911
Hospital.....	3,680	309	3,371
Home.....	563	23	540
Private physician.....	294	15	279
Midwife.....	268	8	260
Other.....	1	..	1

TABLE NO. 2
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES CLASSIFIED
BY COLOR—DRUID HEALTH DISTRICT—1951

CAUSE OF DEATH	WHITE	COLORLED	TOTAL
ALL CAUSES.....	289	1,617	1,906
Tuberculosis, all forms (001-019).....	10	146	156
Respiratory tuberculosis (001-008).....	10	134	144
Syphilis (020-029).....	..	26	26
Dysentery (045-048).....	..	1	1
Meningococcal infections (057).....	..	1	1
Other infective diseases of bacterial origin (030-039, 052-054, 058-064, 070-074).....	..	2	2
Encephalitis (082-083).....	..	1	1
Measles (085).....	..	1	1
Malignant neoplasms (140-205).....	54	165	219
Lymphatic and hematopoietic (200-205).....	4	11	15
Benign and unspecified neoplasms (210-239).....	..	6	6
Diabetes (260).....	6	27	33
Anemias (290-293).....	..	1	1
Other diseases of the blood and blood-forming organs (294-299).....	1	1	2
Vascular lesions of the central nervous system (330-334).....	26	118	144
Rheumatic fever (400-402).....	..	6	6
Diseases of heart (410-443).....	123	617	740
Chronic rheumatic heart disease (410-416).....	2	15	17
Arteriosclerotic and degenerative heart disease (420-429).....	92	294	386
Other diseases of the heart (430-434).....	2	27	29
Hypertensive heart disease (440-443).....	27	281	308
Other hypertensive diseases (444-447).....	4	24	28
Arteriosclerosis (450).....	4	13	17
Other diseases of the circulatory system (451-488).....	2	15	17
Nephritis and nephrosis (590-594).....	2	37	39
Influenza and pneumonia (480-483, 490-493).....	4	65	69
Pneumonia (490-493).....	4	62	66
Ulcer of the stomach and duodenum (540-542).....	2	5	7
Appendicitis (550-553).....	..	2	2
Intestinal obstruction and hernia (560-570).....	2	7	9
Gastritis, duodenitis, enteritis and colitis (543, 571, 572).....	1	9	10
Cirrhosis of the liver (581).....	4	17	21
Puerperal causes (640-689).....	..	3	3
Congenital malformations (750-759).....	2	19	21
Certain diseases of early infancy (760-776).....	8	98	106
Pneumonia of newborn (763).....	..	7	7
Diarrhea of newborn (764).....	..	1	1
Senility, ill-defined and unknown conditions (780-795).....	1	3	4
All other diseases.....	12	73	85
Accidents, total (800-962, 985).....	16	66	82
Motor vehicle accidents (810-836).....	7	21	28
Suicides (903, 970-979).....	5	8	13
Homicides (984, 980-985).....	..	24	24

TABLE NO. 3
COMMUNICABLE DISEASES REPORTED IN THE DRUID HEALTH DISTRICT—1951

DISEASE	TOTAL	WHITE	COLORED
TOTAL.....	6,427	238	6,189
Chickenpox.....	179	18	161
Diphtheria.....	..	..	..
German measles.....	15	6	9
Gonococcus infections.....	3,458	42	3,416
Influenza.....	7	1	6
Measles.....	808	57	751
Meningococcal infections.....	3	2	1
Mumps.....	101	37	64
Pneumonia, all forms.....	111	9	102
Poliomyelitis (paralytic cases).....	..	..	..
Rheumatic fever.....	7	..	7
Scarlet fever.....	20	4	15
Syphilis.....	1,217	18	1,199
Tuberculosis, all forms.....	365	34	331
Typhoid fever.....	..	..	..
Whooping cough.....	46	7	39
All others.....	90	3	87

TABLE NO. 4
DIPHTHERIA TOXOID AND PERTUSSIS VACCINE INOCULATIONS ACCORDING TO RACE
AND AGE OF CHILDREN—DRUID HEALTH DISTRICT—1951

AGE	DIPHTHERIA TOXOID			PERTUSSIS VACCINE*		
	Total	White	Colored	Total	White	Colored
TOTAL.....	3,932	378	3,554	2,503	227	2,276
Under 1 year.....	2,317	205	2,112	2,231	179	2,052
1 year.....	195	25	170	181	23	158
2 years.....	39	10	29	35	10	25
3 years.....	16	10	6	6	3	3
4 years.....	93	19	74	26	6	20
5 years.....	652	40	612	15	2	13
6 years.....	312	37	275	8	4	4
7 years.....	92	12	80	..	..	..
8 years.....	88	7	81	..	..	..
9 years.....	48	6	42	1	..	1
10 years and over.....	80	7	73	..	..	..

* Pertussis vaccine was administered in combination with diphtheria and tetanus toxoids.

SOUTHEASTERN HEALTH DISTRICT

SOUTHEASTERN HEALTH DISTRICT

John A. Skladowsky, M.D.

Health Officer

Only 1 case of diphtheria and 2 cases of meningococcus meningitis were reported during the year but measles increased in incidence with 645 reported cases as compared with 15 cases in 1950. Due to an unusual occurrence of 5 cases of infectious hepatitis in the O'Donnell Heights Housing Project, Gusryan and O'Donnell Streets, early in the year, an initial investigation was made on February 23 by the District Health Officer and Dr. Anthony L. Rettaliata of the Bureau of Communicable Diseases. However, with the report of 30 additional cases by the Baltimore City Hospitals by the following October an intensive house-to-house survey of this disease was made in November and December. Dr. Abraham M. Lilienfeld, Health Officer of the Southern Health District and Dr. Myron G. Tull, Acting Director of the Bureau of Communicable Diseases, were called upon to aid in the survey and to ascertain, if possible, the epidemiological factors involved. Seven hundred and ninety-two of the 888 occupied housing units were visited and 84 of the families were found to have one case or more. The survey revealed that of the total of 115 cases 75 per cent were in children from five to fourteen years of age, and that most of the adult cases were in women. There were no fatalities. The mode of transmission of the disease, a virus infection, was believed to be similar to the spread of measles in a community—primarily by person-to-person droplet infection.

The most significant event in 1951 for the Southeastern Health District was the starting on May 25 of construction of a new headquarters in a former school building at 3411 Bank Street. Ground was broken on June 14 by Mayor Thomas D'Alesandro, Jr. in the presence of Mr. R. E. L. Williams, Construction Engineer, Mr. Joseph Bertorelli, Sixth District Councilman, Dr. Huntington Williams, Commissioner of Health, and representatives of the City Health Department, Department of Education, Eastern and Southeastern Community Councils, the Exchange and Kiwanis Clubs, Bureau of Catholic Education, members of the local clergy, and residents of the area. The project is expected to be completed in 1952 and will provide increased facilities for expansion of services to care for more of the unmet health needs of the district.

Educational Activities

For the second successive year an open house was held jointly by the Southeastern Health District and the Canton Area Council on Child

Health Day, May 1, in the district building at Kenwood Avenue and Hudson Street. The audience of 70 was addressed by Dr. Alan Foord, Research Associate from the Johns Hopkins School of Hygiene and Public Health, and Miss Prunella Lembke of the Social Service Department of Springfield State Hospital. Two health movies "The School That Learned to Eat" and "Palmour Street" were exhibited.

The City Health Department was again assisted by the Maryland Tuberculosis Association in conducting neighborhood mass chest X-ray surveys with help from the Eastern Community Council at Public School No. 47, Fleet Street and Linwood Avenue, from March 26 to 30; with the aid of the Southeastern Community Council at Public School No. 2 from June 11 to 15; and with assistance from the Canton Area Council in its quarters at O'Donnell Street and Decker Avenue from September 17 to 21. In the three surveys a total of 3,263 persons over fourteen years of age were X-rayed.

The District Health Officer spoke on the subject "School Health Services" at the monthly meeting of the Parent-Teacher Association of Public School No. 228, Foster and Rappola Avenues, held in the school on May 28 and continued active association with the School Health Council of the Public Schools of Baltimore. As part of the Health Council program the Department of Education held two special meetings on September 27 at its headquarters, 3 E. 25th Street, and on October 23 at Public School No. 301, North and Warwick Avenues where discussions on the new school hygiene program instituted by Dr. Janet Hardy, Director of the Bureau of Child Hygiene, and Dr. Alan Foord, Associate Chief of the Division of School Health, were attended by the district staff. At the first meeting Miss Florence Zinz, district staff nurse, gave a demonstration of a nurse-teacher conference. On December 13 Dr. Foord presented his new program to the entire district staff in its quarters.

In-Service Training

Nursing staff educational conferences were held monthly during the year. At its November 15 conference Miss Eleanor Blake, Executive Director of the Eastern Branch of the Family and Children's Society, discussed the functions and activities of her agency. On February 23 Miss Margaret Galbreath, Supervisor of Nursing for Industrial Hygiene, conducted the first in a series of five weekly classes on nursing in atomic warfare for the staff nurses who also witnessed the various films on this subject presented at intervals thereafter by the Bureau of Health Information. The nurses attended the general meetings and demonstrations of the Institute on Nursing Poliomyelitis held from May 14 to 18 at the Baltimore City Hospitals. Individual trips to this hospital were also made each month

by the staff nurses for conferences on the post sanatorium care of tuberculosis cases. Dr. Myron G. Tull, Acting Director of the Bureau of Communicable Diseases, held a conference with the staff nurses in the district quarters on May 28 on the newly inaugurated procedure of collecting specimens in typhoid fever cases. Monthly seminars on mental hygiene and nutrition for the staff nurses were conducted by the Chiefs of the Divisions of Mental Hygiene and Nutrition who also exhibited motion pictures on child development and behavior problems and gave instruction in nutrition to groups of mothers in the district well baby clinics.

Miscellaneous Activities

A new public elementary school No. 240, Gusryan and O'Donnell Streets, was opened on February 1 with an enrollment of 900. On that date the regular school hygiene service was instituted in the school by the district staff. In November, in observance of American Education Week, a special health program was held in this school with Dr. H. Berton McCauley, Director of the Bureau of Dental Care and Miss Eleanor McKnight, Chief of the Division of Nutrition, respectively, as the speakers and the films "Teeth Are to Keep," "Why Won't Tommy Eat?" and "For Health and Happiness" were shown. During the same period "Teeth Are to Keep," "Your Eyes" and "Your Ears" were shown to the pupils of Sacred Heart Parochial School. In addition, the filmstrip "Teacher Observations of School Children" was exhibited by the school nurses in five parochial and three public schools in the district.

Seven student nurses from the University of Maryland and St. Joseph's Hospital Schools of Nursing were given two-month affiliate courses in public health nursing during the year. Weekly conferences on mothercraft were held by the staff nurses for 111 expectant mothers registered in the prenatal clinics. The East Baltimore Medical Society for the tenth consecutive year held its monthly meetings in the district building.

Personnel

Miss Sylvia Miller, Acting Supervisor of Nursing, was transferred on January 1 to the Southern Health District. Mrs. Blanche C. Craig, public health nurse, a faithful co-worker in the district since its establishment August 16, 1937, retired on September 1 with a record of over thirty-three years of meritorious service in the City Health Department.

Personnel

John A. Skladowsky, M.D., District Health Officer
Sigmund R. Nowak, M.D., Medical Investigator
Ruth Collier, Supervisor of Public Health Nursing

Public Health Nurses

Margaret H. Bell	Inez F. Radtke
Mary Louise Bellack	Helen B. Reutter
Rita E. Cannon	Grace B. Ridgaway
Julia R. Hagenbuch	Lucille P. Slavik
Mary R. Hammett	Lillian M. Staub
Helen Hauber	Geraldine S. Sweren
Alice E. Hennegan	Celia Z. Trionfo
Mary E. Horney	Dena Valaco
Virginia F. Pendleton	Edith M. Woodson
Louisa S. Presson	Florence Zinz

Angela S. Glorioso, Junior Stenographer
Bernadette K. Lepkowski, Junior Stenographer
Jerome N. Johnson, Janitor

TABLE NO. 1
RESIDENT BIRTHS, SOUTHEASTERN HEALTH DISTRICT—1951

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORS
ALL BIRTHS	2,313	2,085	228
Hospital	2,197	1,988	209
Home	116	97	19
<i>Private physician</i>	63	53	9
<i>Midwife</i>	53	42	10
<i>Other</i>	2	2	..

TABLE NO. 2
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED
BY COLOR—SOUTHEASTERN HEALTH DISTRICT—1951

CAUSE OF DEATH	WHITE	COLORS	TOTAL
ALL CAUSES	963	103	1,066
Tuberculosis, all forms (001-019)	53	13	66
<i>Respiratory tuberculosis (001-008)</i>	49	19	61
Syphilis (020-029)	3	1	4
Encephalitis (082-083)	1	..	1
Malignant neoplasms (140-205)	130	12	142
<i>Lymphatic and hematopoietic (800-806)</i>	4	..	4
Benign and unspecified neoplasms (210-239)	2	1	3
Diabetes (260)	23	..	23
Anemias (290-293)	4	..	4
Vascular lesions of the central nervous system (330-334) ..	63	8	71
Rheumatic fever (400-402)	1	..	1
Diseases of heart (410-443)	401	30	431
<i>Chronic rheumatic heart disease (410-416)</i>	7	..	7
<i>Arteriosclerotic and degenerative heart disease (420-428)</i> ..	280	14	294
<i>Other diseases of the heart (430-443)</i>	3	..	3
<i>Hypertensive heart disease (440-443)</i>	111	16	127
Other hypertensive diseases (444-447)	5	..	5
Arteriosclerosis (450)	9	..	9
Other diseases of the circulatory system (451-468)	11	1	12
Nephritis and nephrosis (590-594)	16	..	16
Influenza and pneumonia (480-483, 490-493)	29	6	35
<i>Pneumonia (490-493)</i>	28	6	34
Bronchitis (500-502)	1	..	1
Ulcer of the stomach and duodenum (540-542)	4	..	4
Appendicitis (550-553)	1	..	1
Intestinal obstruction and hernia (560-570)	17	1	18
Gastritis, duodenitis, enteritis and colitis (543, 571, 572) ..	5	..	5
Cirrhosis of the liver (581)	31	2	33
Congenital malformations (750-759)	11	..	11
Certain diseases of early infancy (760-776)	43	9	52
<i>Pneumonia of newborn (763)</i>	4	..	4
<i>Diarrhea of newborn (764)</i> .....	..	..	..
Senility, ill-defined and unknown conditions (780-795)	4	..	4
All other diseases	40	7	47
Accidents, total (800-962, 965)	41	8	49
<i>Motor vehicle accidents (810-836)</i>	14	1	15
Suicides (963, 970-979)	10	..	10
Homicides (984, 980-985)	4	4	8

TABLE NO. 3
COMMUNICABLE DISEASES REPORTED IN THE SOUTHEASTERN HEALTH DISTRICT—1951

DISEASE	TOTAL	WHITE	COLORED
TOTAL	1,944	1,593	351
Chickenpox	202	186	16
Diphtheria	1	1	..
German measles	30	30	..
Gonococcus infections	103	85	108
Influenza	3	2	1
Measles	645	559	86
Meningococcal infections	2	2	..
Mumps	262	247	15
Pneumonia, all forms	82	61	21
Poliomyelitis (paralytic cases)	1	1	..
Rheumatic fever	2	2	..
Scarlet fever	32	30	2
Syphilis	153	80	73
Tuberculosis, all forms	163	143	20
Typhoid fever .....	..	..	..
Whooping cough	18	18	..
All others	155	146	9

TABLE NO. 4
DIPHTHERIA TOXOID AND PERTUSSIS VACCINE INOCULATION ACCORDING TO RACE
AND AGE OF CHILDREN—SOUTHEASTERN HEALTH DISTRICT—1951

AGE	DIPHTHERIA TOXOID			PERTUSSIS VACCINE*		
	Total	White	Colored	Total	White	Colored
TOTAL	3,093	2,006	1,087	1,581	629	952
Under 1 year	1,473	690	783	1,310	528	782
1 year	168	79	89	151	62	89
2 years	59	19	40	57	17	40
3 years	62	41	21	19	2	17
4 years	188	165	23	15	9	6
5 years	527	481	46	18	5	13
6 years	303	268	35	8	3	5
7 years	107	102	5	1	1	..
8 years	81	55	26	1	1	..
9 years	44	35	9	..	..	..
10 years and over	81	71	10	1	1	..

* Pertussis vaccine was administered in combination with diphtheria and tetanus toxoids.

SOUTHERN HEALTH DISTRICT

SOUTHERN HEALTH DISTRICT

Abraham M. Lilienfeld, M.D., M.P.H.

Health Officer

On June 12, one year after its completion, the Southern Health District building was dedicated by Mayor Thomas D'Alesandro, Jr. at ceremonies attended by representatives of various official and nonofficial health and related agencies. During the year, as equipment arrived, several new clinics were opened in the building: on April 10, the prenatal clinic; on April 16, the chest clinic; on July 2, the venereal disease clinic; and on September 24, the dental clinic.

Acute Communicable Diseases

The incidence of the reportable acute communicable diseases in the district remained at low levels except for the expected increase in measles during the latter part of the year. Decreases in the number of cases of communicable diseases and in the mortality associated with them indicated the need for consideration of the shifting of services from this field to other health needs in the area. According to isolated individual reports from the practicing physicians, it appeared that there was an increased incidence of infectious hepatitis. Unfortunately, because the disease was not reportable, there was no method of estimating accurately the number of cases that were present in the area. The District Health Officer directed a survey of a housing project in the Southeastern Health District in an attempt to determine the total number of cases that were present during the year because it appeared that there had been an unusually large number of cases in that housing project. Table No. 3 lists the cases of communicable diseases reported in the Southern Health District during 1951.

Adult Health Services

Despite declining mortality, tuberculosis continued to occupy a major portion of nursing activity in the district. There were 2,830 home visits to cases and contacts during the year. Active case loads for all nurses averaged 284 per month. The inadequacy of sanatorium beds with long waiting periods accentuated the problem and increased the number of nursing visits. Several patients were given streptomycin by the staff nurses while awaiting admission to the sanatorium. It would appear that the ambulatory treatment program should be expanded to the extent of initiating pneumothorax in indicated cases. This could be done by using a few beds in one or two hospitals in the city where the patient could stay

for a few days and then be followed in the Health Department chest clinics. Case-finding activities were expanded by making arrangements for having the newly admitted outpatients of the South Baltimore General Hospital referred across the street to the chest clinic in the district building for X-rays beginning in June. Plans were made for having the newly admitted venereal disease clinic patients referred to the chest clinic for X-ray and this service was begun in December. Two neighborhood mass X-ray surveys were conducted by the Bureau of Tuberculosis with the assistance of the Maryland Tuberculosis Association in the district during the year.

Reported cases of syphilis and gonorrhea continued to decline. This resulted in a decrease of the number of patient-visits to the Calvert Street and Southern Health District clinics from 14,416 in 1950 to 12,874 in 1951, a decrease of 11 per cent. It would appear that some of the services, clinical and otherwise, should be diverted from this program to more pressing problems. The need for services in the fields of heart disease, accident prevention and cancer can be noted from Table No. 2 which indicates that these diseases contribute most heavily to total mortality. Programs for these diseases could be integrated into the already existing clinic facilities of the Department.

Maternal and Child Health Services

The mothers' classes that had been started in 1950 in the prenatal clinic located in the Cherry Hill Housing Project were so well received that similar classes were inaugurated in October in the prenatal clinic located in the Southern Health District building. In November, as the result of a request from a staff physician of the South Baltimore General Hospital, one of the staff nurses initiated classes on newborn care on the Obstetrical Ward of the hospital. These discussions were well received by both the mothers and the hospital staff. There were 1,468 visits to the two prenatal clinics in the district.

In June the public health nurses in one of the sessions of the well baby clinics located in the district building inaugurated group discussions concerning growth and development, feeding habits and other topics concerned with child care. These discussions were supplemented with the showing of appropriate movies and other illustrative material. They were well received by the patients. Lack of both nursing and clerical personnel did not allow the expansion of this type of group education in clinics to the other well baby clinics in the district. There were 10,378 visits to the nine well baby clinics during 1951 which represented a 13 per cent increase over the number of visits in 1950. In September a Mothers' Counseling Service was begun by Dr. Sibyl Mandell, Chief of the Division of Mental Hygiene.

This service was organized to provide guidance for mothers who had children with various emotional problems and who were attending the well baby clinics.

During the first part of the year a survey was made in the elementary schools with regard to the physical facilities available for the examination of school children. The facilities found to be inadequate were those located principally in the Negro schools, obviously a result of the generally poor physical facilities available for Negro school children. There were 2,730 elementary public and parochial school children examined, and 31 per cent were found to have defects.

During the spring term, staff nurses showed a filmstrip entitled "Teacher Observations of School Children" to the faculties of several of the elementary schools and discussed with them various aspects of the school health program.

Dental services for school children were expanded to include five additional schools due to the opening of the new clinic in the district building. The children of the kindergarten and first grade of nine out of the twenty-five elementary schools in the area now receive dental services. There exists a need for continued expansion of this program and also for broadening the scope of dental services to include provision of facilities for the correction of orthodontic defects.

Cooperation with Other Community Agencies

On the whole, the segment of the population receiving personal health services from the Health Department was similar to those receiving services from other social agencies in the city. This was evident from the many daily contacts the nurses had with other agencies. It was felt that some coordinating mechanism for these services would be desirable. In June a meeting was held with the Southern District supervisors of the Department of Public Welfare and the Family and Children's Society and a representative of the Tenant Relations Division of the Housing Authority of Baltimore City. There was a unanimity of opinion that periodic meetings should be held in order to discuss common problems. During the first few meetings the representatives of the agencies reviewed their respective programs. Where problems of individual patients cut across agency lines, these were brought up for discussion and an attempt was made to coordinate the various services. At one of these meetings, it was suggested that there existed a need for more day care facilities for school children, particularly in housing projects. As the result, the Housing Authority planned a survey for the projects in order to study this need.

In January the Health Officer met with the Cherry Hill Coordinating Council to discuss health problems in this community. As the result of the

meeting a health committee was created which sponsored a community-wide X-ray survey in Cherry Hill during June. It is hoped that the activities of this committee will be expanded in the future.

Other Services and Activities

Public health nursing activities permeated the entire district health program. Despite heavy case loads and clinic schedules, enthusiasm and quality of service remained at a relatively high level. Unfortunately, the lack of an adequate clerical staff caused the diversion of valuable professional nursing time to clerical duties in both the clinics and schools.

Four student nurses from the University of Maryland Hospital School of Nursing and one from the Franklin Square Hospital School of Nursing had an eight-weeks affiliation in public health nursing in the district. Students from the Union Memorial Hospital School of Nursing also observed weekly in the well baby clinics in the district.

In October arrangements were made for students in the classes on child care at Elementary School No. 159 to observe in the local well baby clinic. The students from the Eastern High School and Gilman School visited the district and observed some of the district activities. The Bureau of Food Control conducted classes for food handlers and 151 persons received instruction in these classes.

The Home Accident Study begun in 1950 by a student of the Johns Hopkins School of Hygiene and Public Health was completed in March of this year. The district staff studied the efficacy of nursing visits with regard to the diphtheria immunization program. This resulted in changes in certain administrative procedures in order to increase the over-all efficiency of the program.

The auditorium was utilized by the Parent-Teacher Associations of various elementary schools in the district for meetings at which district activities were discussed. The Southern District of the Girl Scouts of America and some of the elementary schools also used the auditorium for other community activities.

Planning

There will be an increase in the population in the district during 1952 which must be taken into consideration in planning services. The housing project in Cherry Hill will be increased by approximately 650 units which will provide living accommodations for about 3,500 people. This is expected to be completed in July, 1952 and will require the services of additional nursing personnel.

One of the primary functions of the district is to permit the integration of various individual disease control programs and facilities in the area.

This will require additional personnel, both professional and nonprofessional in order to institute the essential integrating procedures and services. In addition, there should be a greater degree of decentralization of administrative responsibility.

Personnel

Miss Sylvia Miller was assigned to the district as a joint supervisor of public health nursing in January. Miss Reba Kadis was appointed to the clerical staff in June. The District Health Officer was invited to participate in the National Conference on Chronic Disease: Preventive Aspects, during March. He was loaned to the Communicable Disease Center of the U. S. Public Health Service in Atlanta, Georgia, for a five week period during July and August to assist in the instruction of Epidemic Intelligence Service Officers. During the year he served as Assistant Director of Administration for Civil Defense Health Services.

Personnel

Abraham M. Lilienfeld, M.D., M.P.H., District Health Officer
Marie E. Dandridge, B.S., Supervisor of Public Health Nursing
Sylvia Miller, B.S., Supervisor of Public Health Nursing

Public Health Nurses

Beverly Butler, B.S.	Theresa Novak
Theresa Endres	Laura J. C. Phillips
Ethel V. Finneyfrock	Norma Quimby
Mary A. Goldberg	Helen R. Roff
Doris McLean Gowans	Eleanor Scott
Leah J. Hollander	Jean W. Skaggs
Mary F. Jenkins	Marion Stromberg
Clara M. Kushto	

Jean Gerstein, Senior Stenographer
Reba Kadis, Senior Stenographer
Floyd G. Russell, Stationary Engineer
Rudolph Lee, Janitor

TABLE NO. 1
RESIDENT BIRTHS, SOUTHERN HEALTH DISTRICT—1951

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
ALL BIRTHS.....	2,123	1,511	612
Hospital.....	1,807	1,370	437
Home.....	316	141	175
<i>Private physician</i>	270	123	147
<i>Midwife</i>	45	18	27
<i>Other</i>	1	..	1

TABLE NO. 2
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES CLASSIFIED
BY COLOR—SOUTHERN HEALTH DISTRICT—1951

CAUSE OF DEATH	WHITE	COLORED	TOTAL
ALL CAUSES.....	609	184	793
Tuberculosis, all forms (001-019).....	26	23	49
<i>Respiratory tuberculosis (001-008)</i>	25	23	48
Syphilis (020-029).....	2	2	4
Dysentery (045-048).....	..	1	1
Other infective diseases of bacterial origin (030-039, 052-054, 058-064, 070-074).....	..	1	1
Other infective and parasitic diseases (110-138).....	1	1	2
Malignant neoplasms (140-205).....	85	23	108
<i>Lymphatic and hematopoietic (800-806)</i>	4	3	7
Benign and unspecified neoplasms (210-239).....	1	1	2
Diabetes (260).....	13	1	14
Other diseases of the blood and blood-forming organs (294-299).....	2	..	2
Vascular lesions of the central nervous system (330-334).....	38	6	44
Rheumatic fever (400-402).....	1	..	1
Diseases of heart (410-443).....	272	41	313
<i>Chronic rheumatic heart disease (410-418)</i>	4	..	4
<i>Arteriosclerotic and degenerative heart disease (420-428)</i>	206	26	232
<i>Other diseases of the heart (430-434)</i>	4	1	5
<i>Hypertensive heart disease (440-443)</i>	58	14	72
Other hypertensive diseases (444-447).....	5	2	7
Arteriosclerosis (450).....	5	..	5
Other diseases of the circulatory system (451-468).....	6	..	6
Nephritis and nephrosis (590-594).....	11	5	16
Influenza and pneumonia (480-483, 490-493).....	18	12	30
<i>Pneumonia (490-493)</i>	16	12	28
Bronchitis (500-502).....	1	..	1
Ulcer of the stomach and duodenum (540-542).....	3	2	5
Appendicitis (550-553).....	2	1	3
Intestinal obstruction and hernia (560-570).....	5	2	7
Gastritis, duodenitis, enteritis and colitis (543, 571, 572).....	4	1	5
Cirrhosis of the liver (581).....	11	2	13
Puerperal causes (640-689).....	1	..	1
Congenital malformations (750-759).....	7	6	13
Certain diseases of early infancy (760-778).....	23	16	39
<i>Pneumonia of newborn (763)</i>	1	1	2
<i>Diarrhea of newborn (764)</i>.....	..	..	..
<i>Other diseases</i>	18	9	27
Accidents, total (800-962, 985).....	39	16	55
<i>Motor vehicle accidents (810-835)</i>	13	4	17
Suicides (963, 970-979).....	6	..	6
Homicides (964, 980-985).....	3	10	13

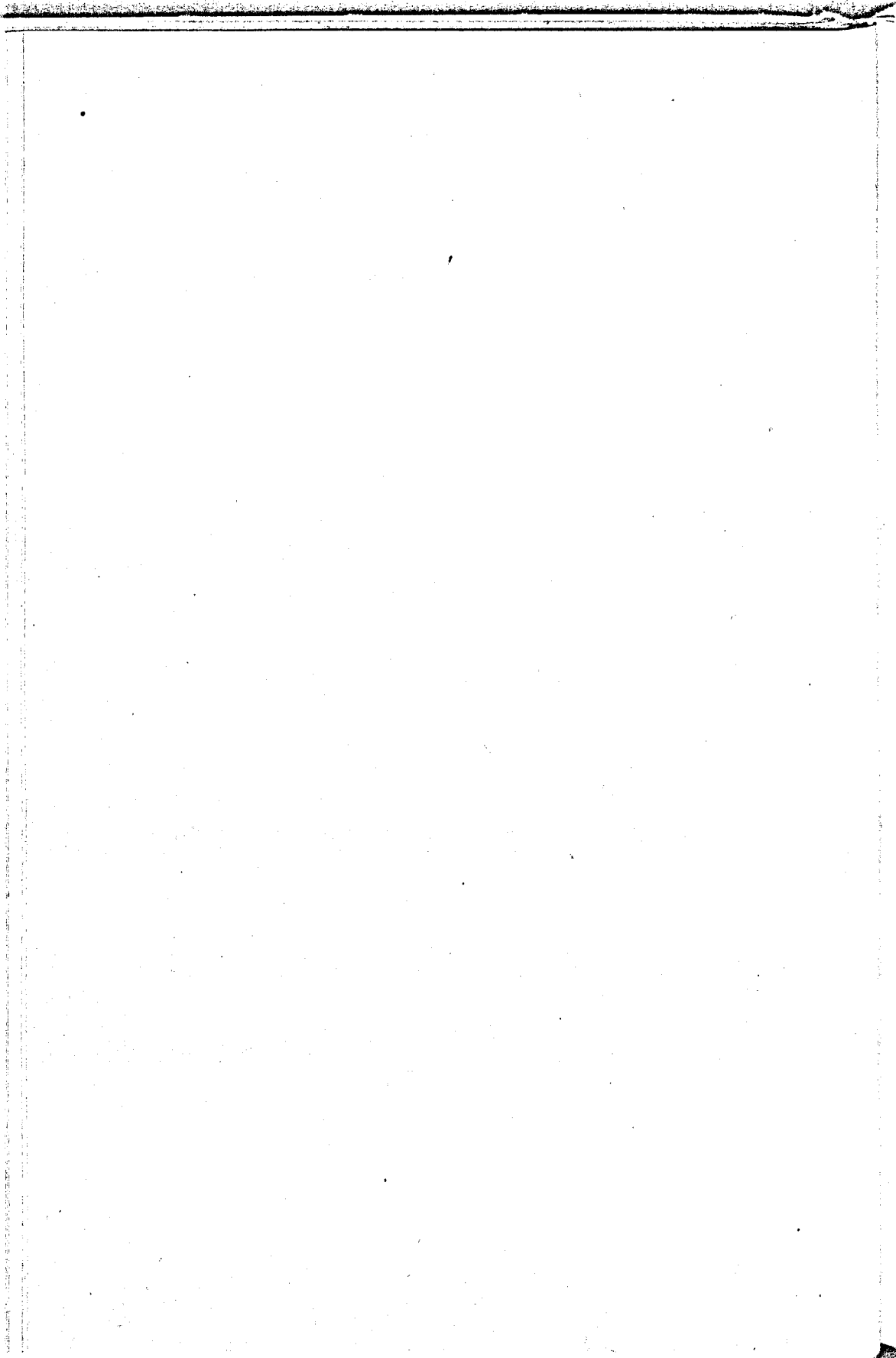
TABLE NO. 3
COMMUNICABLE DISEASES REPORTED IN THE SOUTHERN HEALTH DISTRICT—1951

DISEASE	TOTAL	WHITE	COLORED
TOTAL.....	1,197	423	774
Chickenpox.....	77	43	34
Diphtheria.....	8	3	..
German measles.....	17	12	5
Gonococcus infections.....	393	50	343
Influenza.....	2	2	..
Measles.....	268	107	161
Meningococcal infections.....	1	1	..
Mumps.....	61	50	11
Pneumonia, all forms.....	40	19	21
Poliomyelitis (paralytic cases).....	..	..	..
Rheumatic fever.....	1	1	..
Scarlet fever.....	20	15	5
Syphilis.....	161	29	132
Tuberculosis, all forms.....	121	74	47
Typhoid fever.....	1	1	..
Whooping cough.....	11	6	5
All others.....	20	10	10

TABLE NO. 4
DIPHTHERIA TOXOID AND PERTUSSIS VACCINE INOCULATION ACCORDING TO RACE
AND AGE OF CHILDREN—SOUTHERN HEALTH DISTRICT—1951

AGE	DIPHTHERIA TOXOID			PERTUSSIS VACCINE*		
	Total	White	Colored	Total	White	Colored
TOTAL.....	2,971	1,967	1,004	1,621	1,115	506
Under 1 year.....	1,321	922	399	1,248	856	392
1 year.....	213	145	68	199	134	65
2 years.....	81	61	20	63	44	19
3 years.....	96	81	15	45	32	13
4 years.....	205	188	107	32	28	4
5 years.....	534	295	239	22	13	9
6 years.....	316	215	101	7	5	2
7 years.....	51	32	19	3	2	1
8 years.....	24	12	12	2	1	1
9 years.....	21	7	14	..	..	..
10 years and over.....	19	9	10	..	..	..

* Pertussis vaccine was administered in combination with diphtheria and tetanus toxoids.



MEDICAL SECTION—PREVENTIVE

BUREAU OF COMMUNICABLE DISEASES

BUREAU OF COMMUNICABLE DISEASES

Myron G. Tull, M.D., M.P.H.

Acting Director

A total of 21,291 cases of communicable diseases was reported during 1951. This number represents an increase of 3,614 cases over the number recorded for 1950. Some of the diseases, notably measles and mumps, showed marked increases in the total number of reported cases. Chickenpox, diphtheria, meningococcus meningitis, paralytic poliomyelitis, typhoid fever and whooping cough showed decreases. The total reported cases of scarlet fever was practically the same as that recorded during 1950.

Working in close collaboration with the Health Officers of Baltimore County and Anne Arundel County and the Maryland State Department of Health staff, the City Health Department in April revised its communicable disease chart which shows the isolation requirements and additional clinical and epidemiological information for some of the more important communicable diseases, particularly those that affect children. The revised chart, last issued in 1946, is based on up-to-date nationally recognized sources and the latest available medical information which relates to these diseases. The chief advantage of the 1951 edition was that for the first time the text was made identical for Baltimore City and all the counties of Maryland.

Poliomyelitis and Diphtheria

There were 15 cases and 1 death from paralytic poliomyelitis reported during the year as compared with 225 cases and 9 deaths in 1950. This was the smallest number of yearly reported cases since 1943 during which year there were 8 cases recorded.

A total of 8 cases of diphtheria was reported during the year, a decrease of 52 cases from the number recorded for the previous year during which year there was a flash outbreak of diphtheria in the southern section of the city. The 1 death from diphtheria during 1951 occurred in a three-year-old child who had never had the protective inoculation against this disease. Never before was the case record so low in the city.

Meningococcus Meningitis

The number of reported cases of meningococcus meningitis decreased from 26 cases and 9 deaths in 1950 to 17 cases and 5 deaths during 1951, a mortality of 29 per cent. From the histories, the duration of illness of these 5 patients who died was as follows:

1 day.....	3
3 days.....	2

Typhoid Fever

There were 5 cases of typhoid fever reported in the city for the year. This number of cases is 3 less than the number recorded for the previous year. There were no fatalities.

Three new typhoid carriers were found during the year. Of the 66 known carriers on the list at the beginning of the year 2 died and 2 moved out of the city. There was thus 65 typhoid carriers on the list at the close of 1951.

Measles

The reported number of measles cases rose from 357 in 1950 to 4,376 cases during 1951. There was 1 resident death from measles. This death occurred in a two-year-old child.

Other Communicable Diseases

The number of cases of scarlet fever reported during the year was practically the same as for the previous year—302 cases. The reported cases of whooping cough dropped from 1,425 cases and 1 death during 1950 to 227 cases and no death during 1951.

Typhoid Vaccine

The administration of typhoid vaccine to laborers in the Bureau of Sewers, the Harbor Board and the Housing Authority of Baltimore City, begun in 1948, was continued during 1951.

Personnel

Myron G. Tull, M.D., M.P.H., Administrative Health Officer, Acting Director
 Anthony L. Rettaliata, M.D., Medical Investigator
 Roscoe Z. G. Cross, M.D., Health Officer
 Howard H. Warner, M.D., Health Officer
 Emil H. Henning, Jr., M.D., Medical Investigator
 J. Carl Myers, M.D., Medical Investigator
 Aaron Harris, M.D., Medical Investigator
 David Bacharach, M.D., Medical Investigator
 Morris Feldman, Jr., M.D., Medical Investigator
 Eugene O. Goldstein, M.D., Medical Investigator
 Andrew R. Sosnowski, M.D., Medical Investigator
 Alice V. Owings, Junior Administrative Officer
 Dorothy Gittings, Junior Stenographer

TABLE NO. 1
REPORTED CASES AND RESIDENT DEATHS OF CERTAIN COMMUNICABLE DISEASES
1948-1951

DISEASE	1951		1950		1949		1948	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Botulism .....	..	..	..	..	..	..	..	..
Chickenpox	1,623	..	2,191	..	2,205	..	2,451	..
Diphtheria	8	1	60	3	46	2	46	2
Dysentery .....	..	..	..	..	..	..	..	..
Amoebic	5	1	4	..	9	..	4	..
Bacillary	148	1	9	..	4	..	21	..
All other	6	1	..	..	17	1	139	..
Encephalitis, acute infectious	9	1	3	..	1	..	2	1
Erysipelas	1	..	4	1	..	1	7	..
German measles	273	..	73	..	761	..	94	..
Hepatitis, infectious	159	2	6	3	9	4	6	2
Influenza	53	13	112	27	37	13	54	19
Measles	4,376	1	357	..	11,031	6	8,943	2
Meningococcal meningitis	17	5	26	9	14	2	20	2
Mononucleosis, infectious	7	..	11	..	4	..	18	..
Mumps	2,610	..	681	..	218	1	3,358	..
Paratyphoid fever	2	..	1	..	2	..	..	..
Pneumonia	617	305	643	232	745	301	796	345
Poliomyelitis (paralytic cases)	15	1	225	9	61	5	24	2
Rheumatic fever, total	33	19	47	17	76	32	27	11
Rocky Mountain spotted fever	1	..	..	..	3	..	1	1
Salmonella infection	8	..	4	3	4	..	1	..
Scarlet fever	302	..	303	..	466	..	341	..
Smallpox .....	..	..	..	..	..	..	..	..
Streptococcal sore throat	12	1	14	1	26	1	38	..
Tetanus	1	1	5	4	3	2	5	3
Trichinosis	5	..	2	..	3	..	1	..
Tuberculosis .....	..	..	..	..	..	..	..	..
Pulmonary	1,285	465	1,275	497	1,434	574	1,540	633
Other forms	89	32	71	39	62	39	41	24
Tularemia .....	..	..	..	..	..	..	3	..
Typhoid fever	5	..	8	..	12	..	5	1
Typhus fever .....	..	..	..	..	..	..	1	..
Undulant fever	3	..	3	..	2	..	17	..
Weill's disease	3	1	4	..	..	..	1	1
Whooping cough	227	..	1,425	1	945	..	604	..
Veneral diseases .....	..	..	..	..	..	..	..	..
Chancroid	206	..	120	..	128	..	118	..
Gonococcal infections, total	6,511	..	6,944	..	6,570	..	6,025	..
Ophthalmia .....	..	..	2	..	2	..	8	..
Syphilis, total	2,627	85	2,982	103	4,327	135	4,745	182
Congenital	126	..	114	2	108	6	151	5
Other venereal diseases	45	1	64	3	124	1	74	1

[illegible]

TABLE NO. 3
INOCULATION HISTORIES OF DIPHTHERIA CASES-1951

GROUPS	CASES WITHOUT HISTORY OF PREVIOUS INOCULATION	CASES WITH INOCULATION HISTORY		
		Total	Confirmed	Unconfirmed
TOTAL CASES.....	2	6	3	3
CLASSIFIED BY AGE				
Age Groups				
0-2 years.....	..	..	..	..
3-4 years.....	1	..	..	1
5-9 years.....	..	2	..	1
10-14 years.....	..	1	..	1
15 and over.....	1	..	..	..
CLASSIFIED BY TIME SINCE INOCULATION				
Time Since Inoculation				
0-3 months.....	..	..	..	..
4-11 months.....	..	1	..	..
1 year.....	..	..	..	..
2 years.....	..	..	..	..
3 years and over.....	..	2	..	3
Unspecified.....	..	..	..	..

TABLE NO. 4
DIPHTHERIA TOXOID INOCULATIONS BY DOSAGE ACCORDING TO AGE AND RACE OF
CHILDREN-1951

AGE	DOSE AND COLOR								
	TOTAL			PRIMARY			BOOSTER		
	Total	White	Col- ored	Total	White	Col- ored	Total	White	Col- ored
ALL AGES.....	25,189	16,869	8,320	16,502	11,302	5,200	8,687	5,567	3,120
Under 6 months.....	389	335	54	384	332	52	5	3	2
6 months.....	1,623	1,238	385	1,622	1,237	385	1	1	..
7 months.....	5,106	2,919	2,187	5,094	2,908	2,186	12	11	1
8 months.....	3,903	2,025	978	3,897	2,919	978	6	6	..
9 months.....	1,511	1,146	365	1,506	1,141	365	5	6	..
10 months.....	762	543	219	757	539	218	5	4	1
11 months.....	467	333	134	463	329	134	4	4	..
Under 1 year.....	13,761	9,459	4,322	13,723	9,405	4,318	33	34	4
1 year.....	1,441	919	522	1,395	888	507	46	31	15
2 years.....	547	397	150	389	255	134	158	142	16
3 years.....	597	476	121	278	198	80	319	278	41
4 years.....	1,484	1,037	447	252	195	57	1,232	842	390
5 years.....	3,676	2,256	1,420	231	168	63	3,445	2,088	1,357
6 years.....	2,044	1,360	684	131	103	28	1,913	1,257	656
7 years.....	555	375	180	46	38	8	509	337	172
8 years.....	453	222	231	17	13	4	436	209	227
9 years.....	253	149	104	19	19	..	234	130	104
10 years.....	184	115	69	6	5	1	178	110	68
11 years.....	128	83	45	4	4	..	124	79	45
12 years.....	42	23	19	3	3	..	39	20	19
13 years.....	12	9	3	1	1	..	11	8	3
14 years.....	5	3	2	1	1	..	4	2	2
15 years and over.....	7	6	1	6	6	..	1	..	1

TABLE NO. 5
PERTUSSIS VACCINE INOCULATIONS BY RACE AND AGE OF CHILDREN*—1951

AGE AT DATE OF INOCULATION	TOTAL	WHITE	COLORS
ALL AGES.....	15,227	10,245	4,982
Under 6 months.....	334	284	50
6 months.....	1,408	1,037	371
7 months.....	4,786	2,639	2,147
8 months.....	3,544	2,589	955
9 months.....	1,285	930	355
10 months.....	676	463	213
11 months.....	417	296	121
Total under 1 year.....	12,450	8,238	4,212
1 year.....	1,309	825	484
2 years.....	475	346	129
3 years.....	238	183	55
4 years.....	284	233	51
5-9 years.....	456	400	56
10 years and over.....	15	15	..

* Pertussis vaccine was administered in combination with diphtheria and tetanus toxoids.

BUREAU OF TUBERCULOSIS

BUREAU OF TUBERCULOSIS

Charlotte Silverman, M.D., Dr.P.H.

Director

Deaths

During 1951 the total number of deaths from all forms of tuberculosis among residents of Baltimore was 497. Of these deaths, 212 occurred among 723,000 white residents and 285 took place among the 230,000 Negro residents of the city. Corresponding figures for tuberculosis fatalities in 1950 were a total of 536 deaths, of which 235 were in white persons and 301 in Negroes. Although the number of deaths from this disease has decreased more rapidly since 1947 than ever before, and most noticeably among Negroes, it is still true that Negroes, who constitute less than one-fourth of the City's population suffer more than one-half of all tuberculosis fatalities.

In Table No. 1 the age distribution of the 1951 tuberculosis deaths is shown according to race and sex. In the white race, 78 per cent of the 212 deaths were contributed by males and more than 90 per cent of the males were thirty-five years of age or older. Among white females, in whom only 45 tuberculous deaths were reported, approximately two-thirds of the fatalities occurred after the age of thirty-five. White children under age fifteen suffered only 6 deaths from tuberculosis and accounted for less than 3 per cent of the total number of deaths in this race.

Among Negroes, over 60 per cent of the total 285 deaths occurred in males, a predominance of males not as marked as in the white race. Of the 180 male deaths, 70 per cent occurred in persons thirty-five years of age or older; of 105 female fatalities, more than one-half succumbed before they had reached their thirty-fifth birthday. Children under the age of fifteen experienced 15 deaths from tuberculosis, 5 per cent of the total number of fatalities in this race.

Death Rates

The total tuberculosis death rate for Baltimore residents for 1951 was 52.1 per 100,000 population. For white residents the rate was 29.3 and for Negro residents 123.9. Corresponding figures for 1950 were 56.4 per 100,000 for the total tuberculosis death rate, 32.5 for the white race and 132.6 for Negroes. The striking decrease in the death rate for Negroes was in part due to the more accurate population data which resulted from the 1950 census and which revealed a larger Negro population than had been previously estimated. The 1951 tuberculosis mortality rates were the lowest

ever recorded for Baltimore but the Negro rate has remained four to five times greater than that for white residents.

Reported Cases

During 1951 the diagnosis of tuberculosis was verified in 1,373 previously unreported cases which required public health follow-up or warranted supervision of the family involved. Included among these new case reports were 91 registered from death certificates, representing 6.6 per cent of the total number of new registrations. The ratio of newly reported cases to resident tuberculosis deaths was 2.8. The corresponding number of new cases registered in 1950 was 1,346 including 99 reported after death, and the ratio of newly reported cases to resident deaths was 2.5.

Of the cases registered during 1951, tuberculosis of the lungs was found in 1,285 or 94 per cent of all forms of tuberculosis reported. Comparable figures for 1950 were 1,275 pulmonary cases or 95 per cent of all reported tuberculosis.

In Table No. 2 the racial distribution of reported cases in 1951 is shown. Of the 1,373 new cases of all forms of tuberculosis, there were 668 among white persons and 705 among Negroes. Nonpulmonary tuberculosis was reported three times more frequently among Negroes than among white persons. The ratio of new tuberculosis cases to resident deaths was 3.2 for the white race and 2.5 for Negroes. Corresponding ratios in 1950 were: White, 2.9; Negro, 2.2.

An analysis of the reported cases of pulmonary tuberculosis according to extent and type of lesion is presented in Table No. 3. Although almost one-third of all pulmonary cases were minimal in extent when reported, only 8 per cent were regarded as active or potentially active and only 4 per cent were cases showing pleural effusions believed due to tuberculosis; almost 20 per cent of the cases were considered inactive minimal cases. As in previous years, more than one-half of all newly reported cases were in advanced stages of active disease when they came to official attention. The unfavorable ratio of active minimal cases to advanced cases has not been influenced by continued efforts to discover pulmonary tuberculosis in the early stages of active disease.

Principal differences between the white and Negro races in the reporting of pulmonary lesions were noted in the following classifications: *Inactive minimal tuberculosis*: white, 26.3 per cent; colored, 12.5 per cent; *tuberculous pleural effusions*: white, 1.2 per cent; colored, 5.8 per cent; *severe primary lesions*: white, 1.5 per cent; colored, 17.1 per cent; *acute miliary tuberculosis*: white, 0.6 per cent; colored, 2.2 per cent.

The newly reported cases for each race are analyzed in Table No. 4 to show age and sex distribution. Tuberculosis of the lungs or glands of the

chest was reported in 116 Negro children who were less than fifteen years of age, and no important difference between boys and girls was observed. Such cases in white children of similar age numbered only 16. New cases among males outnumbered those among females, particularly for the white race in which two-thirds of the cases were reported in males. For both races, the majority of males were over thirty-five years of age while the females were more often younger than thirty-five. These age distributions of reported cases were especially striking for white males and for colored females. Nonpulmonary forms of tuberculosis were most frequently reported in Negroes past the age of fifteen years.

In Table No. 5 the reported cases are classified according to the agency responsible for the definitive report which led to registration with the Bureau of Tuberculosis. General hospitals and Health Department chest clinics together contributed more than two-thirds of the reports of new cases, with other agencies directly responsible for only small percentages of reports. Private physicians, who directly reported but 12 per cent of all registered cases, played a more important role in notifications of tuberculosis in white persons, than in reports of Negro cases.

Since many patients came to the attention of reporting agencies because tuberculosis had been suspected elsewhere, Table No. 6 is presented to show the original source of referral of cases which were registered in 1951. Private physicians suspected tuberculosis in or made the final report for 25 per cent of the enumerated cases; they were the source of referral for 32 per cent of all new white cases and 18 per cent of all new Negro cases. General hospitals were the first source of referral for one-fourth of all new cases in white persons and for almost one-half of all new Negro cases. Health Department chest clinics were responsible for the initial suspicion of tuberculosis in 15 per cent of all registered cases, and mass survey programs directed 9 per cent of all registered cases to final diagnosis.

Case Rates

The total tuberculosis case rate for 1951 was 144 new cases per 100,000 population. Among white persons the rate was 92 and for Negroes 309 per 100,000 population; the Negro case rate was 3 times greater than that for the white race. Corresponding figures for 1950 were 142 per 100,000 for the total tuberculosis case rate, 92 for the white race and 332 for Negroes.

Diagnostic Services

On April 16 a chest clinic was opened in fine, modern quarters in the new Southern Health District building, bringing to a total of four the number of clinics conducted by the Bureau of Tuberculosis. The volume

of work done by these four chest clinics is shown in Table No. 7. The clinic at 28 S. Broadway continued to serve both white and Negro patients residing in East Baltimore. At 1516 Madison Avenue a clinic was conducted for white persons living in West Baltimore, while Negro residents of that section were served by the chest clinic at the Druid Health Center. Persons living in South Baltimore had available to them the new clinic at 1211 Wall Street in the Southern Health District building. A screening clinic located in the Eastern Health District building continued to offer small film service to apparently healthy persons and is described under "Case-Finding Projects."

Each of the four regular diagnostic chest clinics held five sessions a week. A total of 13,237 individuals was examined during 1951 in all of the clinics, as compared with 12,925 in 1950. Of the 13,237 examined, 7,563 were white and 5,674 were Negro. New registrants numbered 8,479 and represented 64 per cent of those examined. The remaining 4,758 or 36 per cent were registered prior to 1951 and required further diagnostic service or follow-up examinations.

Of the 8,479 new registrants, 5,330 or 63 per cent came to the clinics because pulmonary disease was suspected. There were 1,311 persons or 15 per cent who were apparently well or were referred for routine prenatal chest X-rays. The remaining 1,838 or 22 per cent were apparently healthy but had had known exposure to tuberculosis and are tabulated as tuberculosis contacts. This number of contacts does not include the 1,200 tuberculosis contacts who were examined in the Eastern Health District screening clinic nor does it include the unknown number of contacts who were X-rayed at the Maryland Tuberculosis Association, the general hospitals in Baltimore or by their private physicians.

The majority of new patients who came to clinics for diagnostic services were referred by private physicians; 64 per cent of white patients and 60 per cent of Negroes. The mass X-ray case-finding program conducted by the Health Department with the assistance of the Maryland Tuberculosis Association sent to the clinics 158 white persons and 128 Negroes, who represented 5 per cent of the total diagnostic load of the clinics. Other miscellaneous sources accounted for the remaining one-third of new diagnostic patients, with the general hospitals more prominently represented than in former years.

Tuberculosis contacts were referred to clinics principally by Health Department personnel. Of the 932 white contacts who in 1951 visited a chest clinic for the first time, 40 per cent were referred by public health nurses who also made the referral for 72 per cent of the 906 Negro contacts examined at the clinic for the first time. Children under age fifteen still constituted too large a proportion of the contacts who came to the clinics.

Thirty-seven per cent of all white contacts and 38 per cent of Negro contacts examined in the clinics in 1951 were in this age group. The City Health Department program of contact examinations will not be adequate until more adults and especially male adults can be persuaded to submit to examination since it is adults among whom tuberculosis is the greatest problem.

Collapse Therapy for Ex-Sanatorium Patients

All four chest clinics held regular sessions once or twice weekly for artificial pneumothorax and pneumoperitoneum therapy. The service was limited to patients whose collapse therapy had been initiated elsewhere, usually in a sanatorium. During 1951 these treatments were given to 315 patients as shown in Table No. 7. Ninety of these were new patients, more than twice the number of such patients two years ago. This increase in patients receiving pneumotherapy reflected the renewed popularity of pneumoperitoneum treatment in the sanatoria which has resulted from the good effects obtained when combined with chemotherapy. There were 225 former clinic registrants for whom treatment was continued. In all, 5,256 visits were paid to these treatment clinics.

Case-Finding Projects

In addition to its traditional program of searching for new cases of tuberculosis among contacts of known cases, the Bureau of Tuberculosis continued its efforts to uncover tuberculosis among other groups of the population. With the assistance of other agencies, small chest X-rays were taken of 105,118 persons in Baltimore during 1951 without any charge to those examined.

The largest project was conducted by the Health Department with the assistance of the Maryland Tuberculosis Association and led to the examination of numerous groups of apparently healthy people in the city. The mobile 70 millimeter photofluorographic unit employed for this purpose has been in use in Baltimore since 1945 under the direction of Dr. M. S. Shiling and has taken approximately 50,000 films each year. During 1951 the mobile unit took chest microfilms of 50,654 apparently well persons. Of the entire group, 30,255 or 60 per cent were white and 20,399 or 40 per cent were Negro. The age distribution of the white and Negro persons included in the surveys showed the greatest variation in those under fifteen years of age, due to the inclusion of a greater number of Negro vocational and high schools. Twenty-six per cent of the Negroes X-rayed were less than 15 years old while only 5 per cent of the white persons were in this age group. Approximately three-fourths of the white persons X-rayed and two-thirds of the Negroes were in the group 25 to 44 years of age.

Twenty-two per cent of the white persons and 9 per cent of Negroes surveyed were 45 years of age or older. Employees of industrial and business firms, department stores, government offices, residents of various communities and housing projects and students and staff members of colleges, high schools and vocational schools were included in the 1951 surveys.

Among the 50,654 persons surveyed, 49,644 or 98 per cent were found to have negative chest films. There were 889 individuals whose microfilms revealed suspected chest pathology and 121 instances in which the films were technically unsatisfactory. After roentgenologic and clinical follow-up, it was found that the mobile unit's survey program yielded 180 cases of tuberculosis, 117 among white persons and 63 among Negroes. When subtractions were made for previously known cases, for nonresidents and for revised diagnoses and cases showing only slight lung changes not significant enough for registration, the total number of newly registered cases of tuberculosis attributable to this case-finding project in 1951 was found to be 122, of which 80 were white and 42 Negro.

The 70 millimeter photoroentgen units provided some years ago by the City Health Department for the three largest general hospitals in Baltimore were used to X-ray 33,468 individuals. At the Johns Hopkins Hospital 18,783 chest films were taken, at the Baltimore City Hospitals 7,081 persons received small chest films and the University of Maryland Hospital offered this service to 7,604 individuals.

X-ray screening services in the Eastern Health District, the Druid Health District and the Southern Health District led to the examination of 7,345 persons. The Eastern Health District screening clinic took 4 x 5 inch chest films of 5,574 individuals of whom 3,414 were white and 2,160 were Negro. Employees of governmental agencies, contacts of known cases of tuberculosis, registrants of Health Department prenatal clinics and other miscellaneous groups comprised this group. The Druid Health Center took 4 x 5 inch chest films of 897 healthy Negro individuals, 718 of whom were prenatal clinic referrals. The Southern Health District offered similar service with 70 millimeter films to 874 persons of whom 519 were white and 355 Negro. Persons exposed to tuberculosis who came to the Druid and Southern chest clinics for small films were counted in the regular clinic reports and enumerated under *Tuberculosis Contacts* in Table No. 7.

The Maryland Tuberculosis Association, by means of the 35 millimeter photofluorographic unit in its central office, took films of 13,651 persons during the year. Duplicate reports of all films which were not read as negative were sent to the Bureau of Tuberculosis which cooperated in or undertook the follow-up investigations.

BCG Vaccination

The BCG vaccination clinic which was inaugurated at the Eastern Health District in October, 1949 was changed from a monthly clinic to a weekly one in January of 1951 to make possible increased services. During the year, 237 persons who had negative reactions to 0.1 mg. old tuberculin received the vaccine as follows: 170 contacts of tuberculosis cases, 5 public health nurses of the Baltimore City Health Department, 45 student nurses from a general hospital, 2 medical students and 15 hospital workers. One hundred and twenty-three of those receiving BCG were white and 114 were Negro.

The joint program of BCG vaccination for Negro newborns, begun in November, 1950 by the Bureau of Tuberculosis and the Harriet Lane Home of the Johns Hopkins Hospital was continued. In 1951, BCG was given to 1,149 Negro babies born at the Johns Hopkins Hospital. Of these, 222 were infants of county parents and reports were forwarded to the State Department of Health which undertook the follow-up observations. Of the remaining 927 Baltimore City children, 62 could not be located two months after vaccination and 4 died of nontuberculous causes during the same period of time. The 861 vaccinated infants followed by the public health nurses of the Baltimore City Health Department received tuberculin patch tests two months after vaccination and 98 per cent of them were found to be positive tuberculin reactors. Twenty-three children or 3 per cent of the 861 receiving follow-up examinations showed axillary adenopathy two months after vaccination.

All of the BCG vaccine used by the Health Department was obtained from Dr. Joseph D. Aronson of the Henry Phipps Institute for Tuberculosis in Philadelphia and was administered by the intradermal technique. BCG offers partial protection for a period of several years against sickness and death from tuberculosis and is considered an important adjunct to a tuberculosis control program particularly for persons or groups likely to suffer undue risk from this disease.

Hospital and Sanatorium Facilities

No new institutional facilities became available during 1951 to relieve the great inadequacy of sanatorium beds in Maryland but construction of three new tuberculosis hospitals was well under way. The new 300-bed wing at the Baltimore City Hospitals, the new unit of similar capacity at the Mt. Wilson State Hospital and the new 300-bed Veterans Administration Hospital in Baltimore are expected to be ready to receive patients by the end of 1952. The provision of these beds will be an important step

forward in relieving the serious shortage of institutional facilities for the tuberculous in this state.

During 1951 the various sanatoria within Maryland, including the Tuberculosis Division of the Baltimore City Hospitals, reported the deaths of 145 residents of Baltimore City and during the same time they discharged alive a total of 442 city residents. Of live discharged patients residing in the city, 306 or 69 per cent were discharged with consent, while the remaining 136 or 31 per cent failed to complete their treatment and left against medical advice. The corresponding figures for 1950 were 383 live discharges of whom 275 or 72 per cent were discharged with consent and 108 or 28 per cent failed to complete their treatment. Fifty-one per cent of the irregular discharges were sputum positive cases.

Nursing Service

Field service to the tuberculous and their families was carried on as in past years by a staff of public health nurses for whom tuberculosis is only one of a number of functions in a generalized nursing program. There were 183 field nurses and their supervisors on duty during most of 1951 for this city of almost one million inhabitants. A supervisor of tuberculosis nursing is greatly needed but failure to find a suitable candidate or failure to provide the necessary funds have in past years interfered with the filling of this important post.

Vocational Rehabilitation

Vocational rehabilitation of tuberculous patients whose lesions have become inactive was continued as a special service by the State Department of Education. During 1951, more than 300 Baltimore residents were given rehabilitation service. The majority of these persons were referred for vocational rehabilitation by the tuberculosis hospitals.

Federal Assistance

Since July 1, 1945, a yearly federal grant-in-aid from the U. S. Public Health Service has been available for tuberculosis control in Maryland. For the fiscal year ending June 30, 1952, the sum available for Baltimore City was \$44,218, approximately \$7,000 less than was allocated during the previous year. This reduction of funds created considerable hardship in maintaining our tuberculosis control program. In view of the likelihood of further reductions in federal appropriations in the future, it is most important that the various municipal agencies and the hospitals employing persons who were paid through federal funds make provision for these employees in their own budgets. The positions made possible by this federal grant include the Director of Tuberculosis Surveys, the Assistant

Chief Hospital Physician in Tuberculosis at the Baltimore City Hospitals, a junior statistician in the Bureau of Tuberculosis and various other professional and clerical positions.

Personnel

Charlotte Silverman, M.D., Dr.P.H., Director
H. Margaret Lea, M.S., Health Administrator
M. S. Shiling, M.D., Director of Tuberculosis Surveys
Katherine H. Borkovich, M.D., Associate Director
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Louis V. Blum, M.D., Clinic Physician
Theodore Cooper, M.D., Clinic Physician
Cecil Rudner, M.D., Clinic Physician
C. Dudley Lee, M.D., Clinic Physician
George G. Adams, M.D., Clinic Physician
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Grace G. White, Junior Statistician
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Bernice Taylor, Junior Clerk
Rita C. Kurek, Junior Typist
Melvin L. Zimmerman, Photofluorographic Machine Operator
Mary M. Knicely, Photofluorographic Machine Operator

TABLE NO. 1
AGE DISTRIBUTION OF RESIDENT DEATHS FROM TUBERCULOSIS—1951

AGE GROUP	WHITE			COLORED		
	Total	Male	Female	Total	Male	Female
NUMBER OF DEATHS						
ALL AGES.....	212	167	45	285	180	105
Under 15 years.....	6	5	1	15	7	8
15-24 years.....	1	1	0	30	8	22
25-34 years.....	22	9	13	67	39	28
35-44 years.....	31	24	7	59	39	20
45-54 years.....	50	42	8	55	44	11
55-64 years.....	52	45	7	39	29	10
65 years and over.....	50	41	9	20	14	6
PERCENTAGE DISTRIBUTION						
ALL AGES.....	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years.....	2.8	3.0	2.2	5.3	3.9	7.6
15-24 years.....	0.5	0.6	0.0	10.5	4.4	21.0
25-34 years.....	10.4	5.4	28.9	23.5	21.7	26.7
35-44 years.....	14.6	14.4	15.6	20.7	21.7	19.0
45-54 years.....	23.6	25.2	17.7	19.3	24.4	10.5
55-64 years.....	24.5	26.9	15.6	13.7	16.1	9.5
65 years and over.....	23.6	24.5	20.0	7.0	7.8	5.7

TABLE NO. 2
REPORTED TUBERCULOSIS CASES, ACCORDING TO LOCATION, EXTENT OF
LESION AND RACE—1951

LOCATION AND EXTENT OF LESION	TOTAL	WHITE	COLORED
TOTAL REPORTED CASES.....	1,373	668	705
Pulmonary lesions (total).....	1,285	648	637
Minimal.....	398	243	155
Moderately advanced.....	385	221	164
Far advanced.....	356	165	191
Severe primary lesions.....	118	10	108
Acute miliary or disseminated.....	18	4	14
Unspecified.....	10	5	5
Nonpulmonary lesions (total).....	88	20	68
Meningitis.....	19	5	14
Spinal.....	12	2	10
Peritonitis.....	13	1	12
Other forms.....	44	12	32

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TABLE NO. 3
ANALYSIS OF REPORTED CASES OF PULMONARY TUBERCULOSIS ACCORDING TO
EXTENT OF PULMONARY LESION—1951

CLASSIFICATION OF LESION	TOTAL	WHITE	COLORED
Total cases with extent of lesion specified.....	1,275	643	632
Minimal lesions: All types.....	398	243	155
Active.....	105	66	39
Inactive.....	248	169	79
Pleural effusion.....	45	8	37
Moderately advanced.....	385	221	164
Active.....	340	184	156
Inactive.....	45	37	8
Far advanced.....	356	165	191
Severe primary lesions.....	118	10	108
Acute miliary or disseminated.....	18	4	14

PERCENTAGE DISTRIBUTION

CLASSIFICATION OF LESION	TOTAL	WHITE	COLORED
Total cases with extent of lesion specified.....	100.0	100.0	100.0
Minimal lesions: All types.....	31.2	37.8	24.5
Active.....	8.2	10.3	6.2
Inactive.....	19.5	26.3	12.5
Pleural effusion.....	3.5	1.2	5.8
Moderately advanced.....	30.2	34.4	26.0
Active.....	26.7	28.6	24.7
Inactive.....	3.5	5.8	1.3
Far advanced.....	27.9	25.7	30.2
Severe primary lesions.....	9.3	1.5	17.1
Acute miliary or disseminated.....	1.4	0.6	2.2

TABLE NO. 4
PULMONARY AND NONPULMONARY REPORTED CASES OF TUBERCULOSIS
CLASSIFIED BY RACE, SEX, AND BROAD AGE GROUPS—1951

CLASSIFICATION AND AGE	WHITE			COLORED		
	Total	Male	Female	Total	Male	Female
Pulmonary lesions						
All ages.....	648	436	212	637	360	277
Under 15 years.....	16	4	12	116	56	60
15-24 years.....	75	33	42	106	48	58
25-34 years.....	123	58	65	134	68	66
35-44 years.....	134	90	44	110	69	41
45-54 years.....	145	123	22	86	62	24
55-64 years.....	93	79	14	57	40	17
65 years and over.....	62	49	13	28	17	11
Nonpulmonary lesions						
All ages.....	20	9	11	68	26	42
Under 15 years.....	6	3	3	15	9	6
15 years and over.....	14	6	8	53	17	36

PERCENTAGE DISTRIBUTION

CLASSIFICATION AND AGE	TOTAL	WHITE	MALE	FEMALE	TOTAL	WHITE	MALE	FEMALE
Pulmonary lesions								
All ages.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years.....	2.5	0.9	5.7	18.2	15.6	21.7		
15-24 years.....	11.6	7.6	19.8	16.7	13.3	20.9		
25-34 years.....	19.0	13.3	30.7	21.0	18.9	23.8		
35-44 years.....	20.7	20.7	20.8	17.3	19.2	14.8		
45-54 years.....	22.4	28.2	10.3	13.5	17.2	8.7		
55-64 years.....	14.3	18.1	6.6	8.9	11.1	6.1		
65 years and over.....	9.6	11.2	6.1	4.4	4.7	4.0		
Nonpulmonary lesions								
All ages.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years.....	30.0	33.3	27.3	22.1	34.6	14.3		
15 years and over.....	70.0	66.7	72.7	77.9	65.4	85.7		

TABLE NO. 5
TUBERCULOSIS CASES CLASSIFIED BY RACE AND REPORTING AGENCY—1951

REPORTING AGENCY	TOTAL		WHITE		COLORED	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
TOTAL CASES.....	1,373	100.0	668	100.0	705	100.0
Private physicians.....	169	12.3	140	21.0	29	4.1
General hospitals.....	453	33.0	140	21.0	313	44.4
Health Department clinics.....	499	36.4	245	36.7	254	36.0
Case-finding surveys.....	25	1.8	25	3.7	0	0.0
Baltimore City Hospitals.....	77	5.6	33	4.9	44	6.3
Other sanatoria.....	19	1.4	18	2.7	1	0.1
Other agencies.....	40	2.9	28	4.2	12	1.7
Reported after death.....	91	6.6	39	5.8	52	7.4

TABLE NO. 6
TUBERCULOSIS CASES CLASSIFIED BY RACE AND ORIGINAL REFERRAL OR
SOURCE OF REPORT—1951

ORIGINAL REFERRAL OR SOURCE OF REPORT	TOTAL		WHITE		COLORED	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
TOTAL CASES.....	1,373	100.0	668	100.0	705	100.0
Private physicians.....	338	24.6	215	32.2	123	17.5
Baltimore City Hospitals.....	76	5.5	32	4.8	44	6.2
Other hospitals or sanatoria.....	400	35.7	174	26.0	316	44.8
Hospital survey.....	1	..	1	..	0	..
Other.....	489	..	173	..	316	..
Health Department.....	215	15.7	102	15.3	113	16.0
Chest clinic.....	198	..	93	..	103	..
Other.....	19	..	9	..	10	..
Mass survey.....	122	8.9	80	12.0	42	6.0
Other agencies.....	41	3.0	26	3.9	15	2.1
Reported after death.....	91	6.6	39	5.8	52	7.4

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TABLE NO. 7
SUMMARY OF CHEST CLINIC AND MASS X-RAY SERVICES
CLASSIFIED BY RACE AND SEX—1951

	Total		WHITE				COLORED			
			Male		Female		Male		Female	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Clinic Registrants										
Total	13,237	100.0	3,707	100.0	3,856	100.0	2,043	100.0	3,631	100.0
New in 1951	8,479	64.1	2,579	69.6	2,438	64.5	1,271	62.2	2,141	59.0
Screening apparently well persons	1,311	9.9	265	7.2	246	6.4	63	3.1	737	20.3
Diagnostic service	7,168	54.2	2,314	63.4	2,842	58.1	1,208	59.1	1,404	38.7
Registered, prior to 1951	4,758	35.9	1,128	30.4	1,368	35.5	772	37.8	1,490	41.0
Screening group	337	2.5	6	0.1	18	0.5	8	0.4	358	9.8
Diagnostic service	3,875	29.3	792	21.4	1,064	27.6	541	26.5	878	24.2
Previously diagnosed cases	1,096	8.3	351	9.5	238	6.2	223	10.9	258	7.0
Age Distribution—New registrants										
Screening group										
Prenatal and other apparently well persons (Total)	1,311	100.0	265	100.0	246	100.0	63	100.0	737	100.0
Under 15 years	91	7.0	32	12.1	21	8.5	7	11.1	31	4.2
15-24 years	584	44.5	71	26.8	90	36.6	18	28.6	405	55.0
25-44 years	578	44.1	142	53.6	115	46.8	28	44.4	293	39.8
45-64 years	61	4.6	18	6.8	15	6.1	10	15.9	8	1.0
65 years and over	7	0.5	2	0.7	5	2.0	0	0.0	0	0.0
Age unspecified	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Diagnostic Service										
Suspected cases (Total)	5,330	100.0	1,907	100.0	1,717	100.0	830	100.0	876	100.0
Under 15 years	615	11.5	248	13.0	195	11.4	89	10.7	83	9.5
15-24 years	923	17.3	292	15.3	300	17.5	131	15.8	200	22.8
25-44 years	2,278	42.7	682	35.6	785	45.7	369	44.5	442	50.5
45-64 years	1,236	23.2	539	28.3	353	20.6	210	25.3	134	15.3
65 years and over	274	5.1	144	7.5	82	4.8	81	9.7	17	1.9
Age unspecified	4	0.1	2	0.1	2	0.1	0	0.0	0	0.0
Contacts (Total)	1,838	100.0	407	100.0	525	100.0	378	100.0	528	100.0
Under 15 years	691	37.6	176	43.2	168	32.0	181	47.9	166	31.4
15-24 years	293	15.9	58	14.3	90	17.1	55	14.5	90	17.0
25-44 years	581	31.6	119	29.2	180	34.3	99	26.2	183	34.7
45-64 years	231	12.6	44	10.8	72	13.7	37	9.8	78	14.8
65 years and over	37	2.0	10	2.5	13	2.5	6	1.6	8	1.5
Age unspecified	5	0.3	0	0.0	2	0.4	0	0.0	3	0.6
Source of Referral—New registrants										
Screening group										
Prenatal and other apparently well persons (Total)	1,311	100.0	265	100.0	246	100.0	63	100.0	737	100.0
Physicians	105	8.0	22	8.3	65	26.4	5	8.0	13	1.8
Prenatal	657	50.1	0	0.0	29	11.8	0	0.0	628	85.2
Health Department clinics	10	0.8	3	1.1	2	0.8	2	3.2	3	0.4
Public health nurses	32	2.4	0	0.0	1	0.4	3	4.7	28	3.8
All other	507	38.7	240	90.6	149	60.6	53	84.1	65	8.8
Diagnostic Service										
Suspected cases (Total)	5,330	100.0	1,907	100.0	1,717	100.0	830	100.0	876	100.0
Physicians	3,345	62.8	1,139	59.7	1,180	68.7	480	57.8	546	62.3
Health Department clinics	82	1.5	33	1.8	28	1.6	6	0.7	15	1.7
Public health nurses	315	5.9	82	4.3	73	4.3	65	7.8	95	10.9
Case-finding project	286	5.4	113	5.9	45	2.6	60	8.0	62	7.1
All other	1,302	24.4	540	28.3	391	22.8	213	25.7	158	18.0
Contacts (Total)	1,838	100.0	407	100.0	525	100.0	378	100.0	528	100.0
Physicians	323	17.6	121	29.7	137	26.1	27	7.1	38	7.2
Health Department clinics	15	0.8	4	1.0	2	0.4	5	1.3	4	0.8
Public health nurses	1,023	55.7	160	39.3	211	40.2	266	70.4	386	73.1
All other	477	25.9	122	30.0	175	33.3	80	21.2	100	18.9
Clinic Visits (Total)	20,648	100.0	6,080	100.0	6,010	100.0	3,389	100.0	5,169	100.0
Screening apparently well persons	1,917	9.3	321	5.3	318	5.3	74	2.2	1,204	23.3
Diagnostic service	14,979	72.5	4,481	73.7	4,723	78.6	2,569	75.8	3,206	62.0
Suspected cases	9,775	47.3	3,449	56.7	3,097	51.5	1,804	53.5	1,825	35.3
Contacts	5,804	28.1	1,838	30.2	1,888	31.4	965	28.5	1,581	30.6
Previously diagnosed cases	3,752	18.2	1,278	21.0	909	15.1	746	22.0	759	14.7

TABLE NO. 7—Continued
SUMMARY OF CHEST CLINIC AND MASS X-RAY SERVICES
CLASSIFIED BY RACE AND SEX—1951

	Total		WHITE				COLORED			
			Male		Female		Male		Female	
	Num- ber	Per cent	Num- ber	Per Cent	Num- ber	Per Cent	Num- ber	Per Cent	Num- ber	Per Cent
Number of X-ray Examinations (Total).....	15,557	100.0	4,433	100.0	4,468	100.0	2,494	100.0	4,162	100.0
Screening apparently well persons.....	1,779	11.4	271	6.1	269	6.0	65	2.6	1,174	28.2
Diagnostic service.....	11,327	72.8	3,411	76.9	3,589	80.3	1,905	76.4	2,422	58.2
<i>Suspected cases</i>	7,849	..	2,617	..	2,479	..	1,304	..	1,449	..
<i>Contacts</i>	3,478	..	794	..	1,110	..	601	..	873	..
Previously diagnosed cases.....	2,461	15.8	761	17.0	610	13.7	524	21.0	566	13.6
Pneumothorax Service										
Total patients.....	315	100.0	78	100.0	128	100.0	46	100.0	63	100.0
New patients.....	90	28.6	22	28.2	38	29.7	12	26.1	18	28.6
Patients registered prior to 1951.....	225	71.4	56	71.8	90	70.3	34	73.9	45	71.4
Total Visits.....	5,256	..	1,361	..	2,203	..	733	..	959	..
Number of X-ray examinations.....	614	..	127	..	243	..	105	..	139	..
X-ray Survey of Apparently Healthy Persons										
Persons.....	57,999				34,188				23,811	
Eastern Health District.....	5,574				3,414				2,160	
Druid Chest Clinic.....	897								897	
Southern Chest Clinic.....	874				519				355	
Mobile X-ray Unit.....	50,654				30,255				20,399	

BUREAU OF VENEREAL DISEASES

BUREAU OF VENEREAL DISEASES

N. A. Nelson, M.D., M.P.H.

Director

Morbidity and Mortality

During the year, 2,627 cases of syphilis, 6,511 cases of gonorrhea and 206 cases of chancroid were reported, as shown in Table No. 1. The continuing decline in reported cases of syphilis, from 2,982 in 1950, was again spread through all the stages of that disease, but was most marked, as in 1950, in the early, infectious stages. Only 207 cases of primary and secondary syphilis were reported in 1951, as shown in Table No. 2, and as compared with 361 for the prior year. Reported cases of gonorrhea may have reached their peak in 1950 at 6,944 cases. The decline of 433 cases in 1951 was the first substantial decrease since the sharp rise began from 2,930 cases in 1944.

As shown in Table No. 3 only 10 cases of syphilis in children under one year of age were reported, as compared with 17 last year, at a new low rate of 0.44 per 1,000 live births. Resident deaths from syphilis in persons of all ages numbered only 85, as shown in Table No. 4, at a new low rate of 8.9 per 100,000 population.

Epidemiology and Case Holding

Reports were received of 5,826 contacts of patients with syphilis or gonorrhea from all sources, including the Health Department venereal disease clinics. Approximately 45 per cent of these contacts were examined or known to be already under observation. Of those examined or previously known 42 per cent were found to have a venereal disease. The results of the investigations of these contacts are shown in Tables Nos. 5 and 6. During the year, 5,986 visits were made by the public health nurses and two social workers for the investigation of contacts and the follow-up of delinquent patients.

The Clinics

A venereal disease clinic was opened on July 2 in the new Southern Health District building. This clinic was in session four times a week for adults and twice a month for children. To compensate for the transfer of some of the Calvert Street clinic patients to the new clinic and in order to help staff the new clinic two weekly sessions were discontinued at Calvert Street. The Health Department in 1951 conducted clinics at four locations to a total of twenty sessions a week for adults and four for chil-

dren. As shown in Table No. 7, these clinics reported 11,095 admissions during the year, of which 5,808 were for gonorrhea, 1,345 for syphilis, 195 for other venereal diseases, 2,641 of persons found not to be infected and 1,106 in whom the diagnosis was not completed. Of the last group, 780 were treated as for gonorrhea because they were alleged contacts, mostly female, of patients known to have gonorrhea.

As shown in Table No. 7, Medicine I of the Johns Hopkins Hospital reported 1,175 admissions during the year, so that at least 12,270 persons were admitted to venereal disease clinics in the city as compared to 12,749 in 1950.

The Health Department venereal disease clinics reported 41,290 patient-visits, and the Johns Hopkins Hospital reported 11,136, a total of 52,426 as shown in Table No. 7, and as compared to 59,824 in 1950.

Other medical agencies referred 70 patients to the Health Department venereal disease clinics for treatment only and post-treatment observation was carried on by the referring agencies. Of these 70 patients, 43 were pregnant women with syphilis. These agencies also transferred 624 patients to the Health Department venereal disease clinics because of treatment delinquency, availability of evening clinics and other reasons. Of these, 142 or 22.8 per cent, were considered to be in urgent need of follow-up due to actual or potential communicability. The Calvert Street clinic collected 1,976 blood specimens for testing for syphilis for the City Service Commission during the year.

City Isolation Ordinance and Juvenile Cases

The city isolation ordinance, Sections 215-218 inclusive of Article 12 of the Baltimore City Code of 1950, designed to prevent the spread of communicable diseases in Baltimore, was invoked in 15 instances during the year. Two of the persons involved were reported repeatedly by the Armed Services as contacts of gonorrhea and 13 were patients with infectious or potentially infectious syphilis. All were colored; 6 were males and 9 were females. Ten of the 15 persons were brought to treatment, 5 of them as the result of court action. Five could not be found. Since the enactment of this ordinance in 1945, it has been invoked in 169 cases, 39 of which have required court action.

During the year, the mothers of 46 children were reported to the Health Department as having failed to have their children examined or, in some cases, treated for syphilis. As the result of action initiated by the Bureau of Venereal Diseases, 34 of these children were examined. Of the 12 remaining, 6 could not be found, 1 had died and 5 were not considered to be of sufficient risk to require court action and their cases were closed. Letters from the Juvenile Court resulted in the examination of 2 of the children.

and court hearings were required in 6 cases. Since 1949, when this procedure was adopted, action has been taken in 107 cases, resulting in the examination of 89 children, the discovery of 5 cases of congenital syphilis and the adequate treatment of 4 others known to have the disease.

Staff Training

Fourteen Health Department nurses received training in intravenous and intramuscular treatment techniques during the year. This brought to 95 the total number of nurses trained to give treatment during the last eight years. The Director of the Bureau of Venereal Diseases gave another series of six lectures on the venereal diseases to a group of public health nurses in the Bureau of Public Health Nursing. A total of 42 such lectures has been given to the Health Department nurses during the past four years. The supervisor of Public Health Nursing assigned to the Bureau of Venereal Diseases conducted 25 seminars on venereal disease control for a total of 68 staff nurses and 43 student affiliates.

The Armed Forces

The Health Department and the Armed Forces collaborated in the investigation of 602 contacts of infected military personnel and in the examination and treatment of 228 selectees found to have positive serologic tests for syphilis at the time of examination at the induction stations. The Director of the Bureau of Venereal Diseases continued to serve as a member of the Civilian Advisory Board of the Armed Forces Disciplinary Control Board.

Personnel

Nels A. Nelson, M.D., M.P.H., Director
Morris M. Cohen, M.D., Senior Medical Supervisor
Albert L. Laforest, M.D., Senior Medical Supervisor
*Ernest W. Shervington, M.D., Senior Medical Supervisor
†J. Douglass Shepperd, M.D., Acting Senior Medical Supervisor
Louis E. Harmon, M.D., Medical Supervisor
William Atwell Jones, M.D., Medical Supervisor
†Harold E. C. Zheutlin, M.D., Acting Medical Supervisor
G. Raynor Browne, M.D., Health Officer
William Berkley Butler, M.D., Health Officer
Harris Goldman, M.D., Health Officer
George C. Page, M.D., Health Officer
Charles T. Woodland, M.D., Health Officer
Ralph J. Young, M.D., Health Officer
Virginia R. Struve, B.S., Supervisor of Public Health Nursing

* On leave of absence for military duty.

† Substituting for Dr. Shervington as Senior Medical Supervisor.

‡ Substituting for Dr. Shepperd as Medical Supervisor.

Clinic Physicians

*Townsend W. Anderson, M.D.	Richard H. Hunt, M.D.
David Bacharach, M.D.	Reuben D. Jandorf, M.D.
Moses L. Barksdale, M.D.	William Atwell Jones, M.D.
*George P. Brown, M.D.	Renold B. Lighston, Jr., M.D.
James D. Carr, M.D.	Donald D. Mark, M.D.
†J. Julian Chisolm, Jr., M.D.	Robert E. May, M.D.
Kay Kohara Edwards, M.D.	Robert Mazer, M.D.
†Perry Futterman, M.D.	Israel P. Meranski, M.D.
Lester H. Gliedman, M.D.	Donald W. Mintzer, M.D.
Harris Goldman, M.D.	George H. Pendleton, M.D.
Sylvan C. Goodman, M.D.	William G. Polk, M.D.
*James P. Grant, Jr., M.D.	Nathan Schnaper, M.D.
Thomas W. Harris, Jr., M.D.	†Henry M. Seidel, M.D.
Frederick J. Heldrich, Jr., M.D.	Jerome Sherman, M.D.
Robert M. Hidey, Jr., M.D.	†Jesse Williams, II, M.D.

Public Health Nurses

Mary C. Bacon	Rose M. Hoffman
Minnie Leah Corbin	Erdie LeCator
Ruth F. Eckman, B.A.	Frieda W. Moore
Margaret T. Ellis	Katherine E. Nutto
Cornelia Phillips	

Osborne B. Dixon, Senior Social Worker
 William P. Duffy, Senior Social Worker
 Mattie May Gwynn, Junior Administrative Officer
 Yetta Glick, Senior Stenographer
 Beatrice Kravetz, Senior Stenographer
 Lillian T. Howard, Clerk Stenographer
 Anne S. Elliott, Senior Clerk
 Ruth E. Holmes, Senior Clerk
 Daisy B. Johnson, Senior Clerk
 James P. Lynch, Senior Clerk
 Grace Hawes, Junior Stenographer
 Thelma Wilson, Junior Stenographer
 Clarice Shell, Clerk-Typist
 Mildred Day, Junior Typist
 Bertha C. Greene, Junior Typist
 Ethel B. U. Bynum, Clinic Clerk
 Leo M. White, Clinic Clerk
 Lizzie Mae Lee, Janitress
 Dorothy Chapple, Janitress

* On leave of absence for military duty.

† Substituting for Drs. Anderson, Brown, and Grant.

TABLE NO. 1
REPORTED CASES OF VENEREAL DISEASE, ACCORDING TO SOURCE OF REPORT
1947-1951

SOURCE OF REPORT	SYPHILIS					GONORRHEA					CHANCROID				
	1951	1950	1949	1948	1947	1951	1950	1949	1948	1947	1951	1950	1949	1948	1947
TOTAL.....	2,627	2,982	4,327	4,745	5,394	6,511	6,944	6,570	6,025	5,997	206	120	128	118	188
Private Physicians.....	328	368	445	612	815	450	386	375	371	420	..	2	1	8	12
City Health Department															
Clinics.....	1,345	1,441	2,004	2,445	2,465	5,809	6,245	5,498	4,544	3,952	174	96	77	52	58
Other Medical Agencies....	954	1,173	1,878	1,688	2,114	252	313	697	1,110	1,625	32	22	50	58	118

TABLE NO. 2
REPORTED CASES OF VENEREAL DISEASE, ACCORDING TO COLOR AND SEX
OF PATIENT—1951

COLOR AND SEX OF PATIENTS	SYPHILIS						GONORRHEA	CHANCROID
	Total	Primary and Secondary	Early Latent	Late and Late Latent	Congenital	Stage Not Stated		
TOTAL.....	2,627	207	611	1,536	126	147	6,511	206
White								
Male.....	173	23	13	104	13	20	397	12
Female.....	142	17	20	75	10	20	121	1
Colored								
Male.....	1,039	93	223	632	33	58	5,302	109
Female.....	1,273	74	355	725	70	49	691	24

REPORT OF THE HEALTH DEPARTMENT—1951

TABLE NO. 3
REPORTED CASES OF CERTAIN VENEREAL DISEASES, ACCORDING TO COLOR,
SEX AND AGE OF PATIENT—1951

Age	TOTAL	WHITE			COLORED		
		Total	Male	Female	Total	Male	Female

CONGENITAL SYPHILIS							
All Ages.....	126	23	13	10	103	33	70
Under 1 year.....	10	1	1	..	9	..	9
1-14 years.....	35	8	4	4	27	13	14
15-24 years.....	50	7	5	2	43	13	30
25 years and over.....	31	7	3	4	24	7	17

ACQUIRED SYPHILIS							
All Ages.....	2,501	292	160	132	2,209	1,006	1,203
Under 15 years.....	10	..	..	..	10	3	7
15-19 years.....	125	8	1	7	117	33	84
20-24 years.....	402	22	11	11	380	134	246
25-29 years.....	498	37	13	24	461	190	271
30-34 years.....	342	34	15	19	308	131	177
35-39 years.....	309	27	15	12	282	133	149
40-44 years.....	216	32	15	17	184	86	98
45-49 years.....	174	31	16	15	143	85	58
50 years and over.....	395	89	67	22	306	204	102
Age unspecified.....	30	12	7	5	18	7	11

GONORRHEA							
All Ages.....	6,511	518	397	121	5,993	5,302	691
Under 15 years.....	67	8	1	7	59	23	36
15-19 years.....	1,070	56	28	28	1,014	757	257
20-24 years.....	2,203	123	87	36	2,080	1,828	252
25-29 years.....	1,819	128	109	19	1,691	1,588	103
30-34 years.....	746	83	70	13	663	641	22
35-39 years.....	348	60	51	9	288	277	11
40-44 years.....	156	28	24	4	128	120	8
45-49 years.....	54	14	13	1	40	38	2
50 years and over.....	36	12	12	..	24	24	..
Age unspecified.....	12	6	2	4	6	6	..

TABLE NO. 4
RESIDENT DEATHS ATTRIBUTABLE TO SYPHILIS, BY CAUSE OF DEATH AND
COLOR—1947-1951

CAUSE OF DEATH	1951*			1950*			1949			1948			1947		
	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED
TOTAL	85	31	54	103	21	82	135	54	81	182	72	110	183	64	119
Syphilis in infants under 1 year of age. ....	..	..	..	2	..	2	6	..	6	5	1	4	8	2	6
General paralysis of the insane	15	2	13	20	4	16	17	5	12	40	9	31	39	4	35
Tabs dorsalis .....	..	..	..	2	2	..	2	2	..	4	1	3	4	4	..
Aneurysm of the aorta	17	6	11	25	8	20	65	27	38	78	34	44	61	25	36
Other forms of syphilis	53	23	30	54	10	44	45	20	25	55	27	28	71	29	42

* As defined by the 1948 Revision of the International List of Causes of Death.

TABLE NO. 5
RESULTS OF INVESTIGATION OF CONTACTS OF CITY CLINIC PATIENTS, BY COLOR
AND SEX OF CONTACT AND DISEASE—1951

COLOR AND SEX OF CONTACT, AND DISEASE IN PATIENT	TOTAL CONTACTS NAMED ¹	PREVIOUSLY KNOWN	NOT FOUND ¹	FOUND: NOT EXAMINED	CONTACTS EXAMINED				INFECTIONS DISCOVERED ²			
					Total Examined	Infected With Homologous Disease	Not Infected With Homologous Disease	Examination Not Completed ³	Total Infections Discovered	Primary and Secondary Syphilis	All Other Syphilis	Gonorrhea
TOTAL	4,411	602	1,623	718	1,468	279	830	359	323	13	79	231
TOTAL SYPHILIS	1,621	258	243	214	906	55	814	37	62	9	46	7
White												
Male	70	15	22	3	30	1	26	3	1	..	1	..
Female	52	8	15	4	24	2	22	..	2	..	2	..
Colored												
Male	817	128	102	123	464	30	411	23	35	4	26	5
Female	682	107	103	84	388	22	355	11	24	5	17	2
TOTAL GONORRHEA ...	2,790	344	1,380	504	562	224	16	322⁴	261	4	33	224⁴
White												
Male	42	31	8	1	2	1	1	..	1	..	..	1
Female	342	43	255	15	29	12	1	16	12	..	..	12
Colored												
Male	107	82	7	10	8	1	6	1	2	..	1	1
Female	2,299	188	1,110	478	523	210	8	305	246	4	32	210

¹ Includes all contacts even though names and addresses are unknown.

² Some contacts had multiple infections, hence sum of infections discovered is greater than the number of contacts found to be infected.

³ Of these, 317 were treated as presumed to have gonorrhea.

⁴ Does not include 317 contacts treated as presumably infected with gonorrhea but diagnosis not confirmed.

TABLE NO. 6
RESULTS OF INVESTIGATION OF CONTACTS REFERRED BY OTHER AGENCIES,
BY COLOR AND SEX OF CONTACT AND DISEASE—1951

COLOR AND SEX OF CONTACT AND DISEASE IN PATIENT	TOTAL CONTACTS NAMED ¹	PREVIOUSLY KNOWN	NOT FOUND ¹	FOUND: NOT EXAMINED	CONTACTS EXAMINED				INFECTIONS DISCOVERED ²			
					Total Examined	Infected With Homologous Disease	Not Infected With Homologous Disease	Examination Not Completed ³	Total Infections Discovered	Primary and Secondary Syphilis	All Other Syphilis	Gonorrhea
TOTAL	1,415	93	657	214	451	72	278	101	85	1	27	57
TOTAL SYPHILIS	657	78	203	65	311	20	272	19	25	1	19	5
White												
Male	19	3	1	2	13	..	12	1	..	..	..	..
Female	36	..	22	3	11	..	9	2	..	..	..	..
Colored												
Male	247	32	65	26	124	10	110	4	12	1	9	2
Female	355	43	115	34	163	10	141	12	13	..	10	3
TOTAL GONORRHEA ..	758	15	454	149	140	52	6	82 ⁴	60	..	8	52 ⁴
White												
Male	1	1	..	..	..	..	..	..	..	..	..	..
Female	187	1	137	29	20	10	1	9	10	..	..	10
Colored												
Male	14	1	1	9	3	2	1	..	2	..	..	2
Female	556	12	316	111	117	40	4	73	48	..	8	40

¹ Includes all contacts even though names and addresses are unknown.

² Some contacts had multiple infections, hence sum of infections discovered is greater than the number of contacts found to be infected.

³ All 82 patients were treated as presumed to have gonorrhea.

⁴ Does not include 82 contacts treated as presumably infected with gonorrhea, but diagnosis not confirmed.

TABLE NO. 7
ADMISSIONS* TO VENEREAL DISEASE CLINICS BY DISEASE, AND VISITS BY COLOR
AND SEX—1951

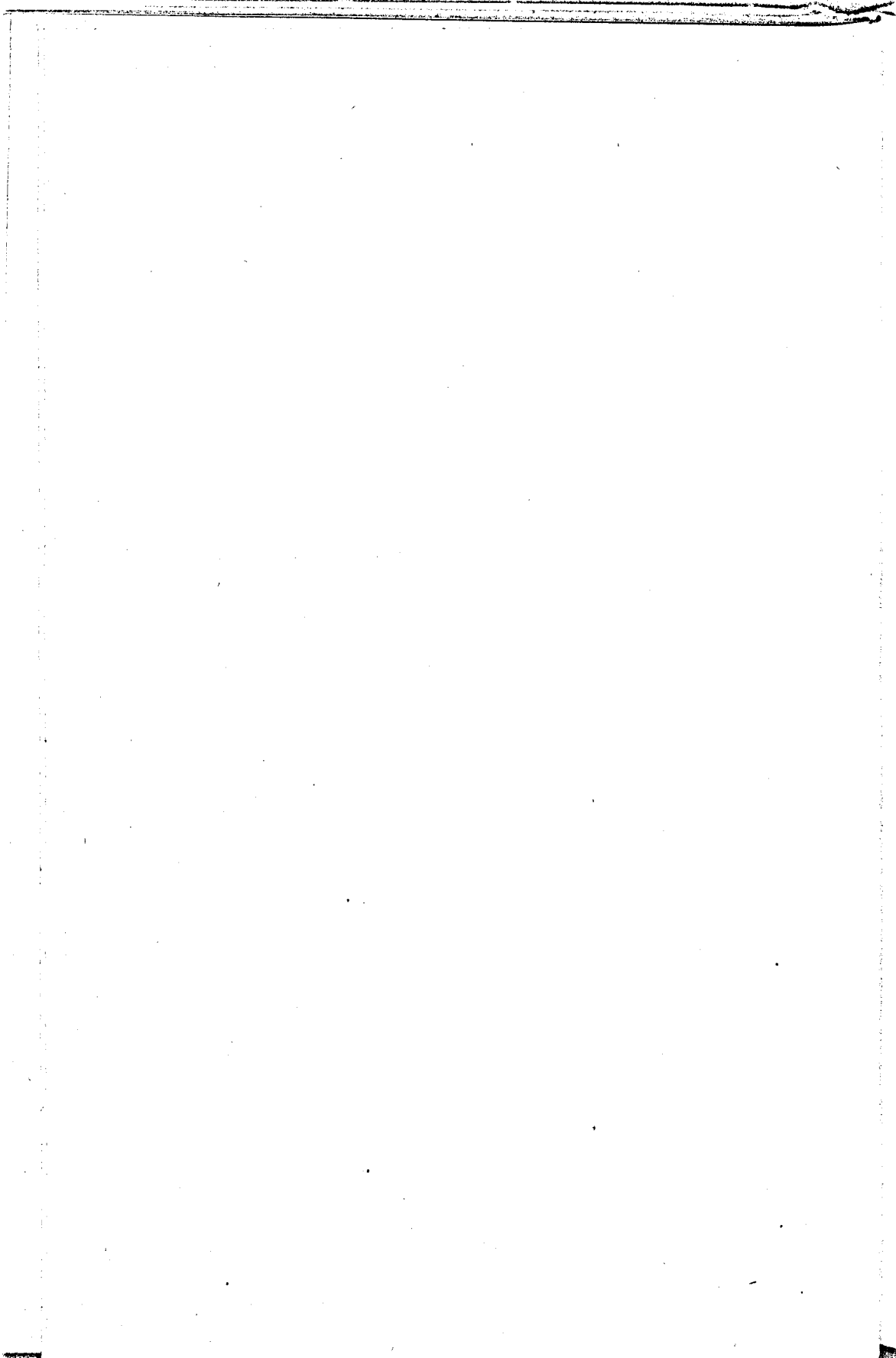
DISEASE	CITY CLINICS			OTHER CLINICS ¹		
	ADMISSIONS					
	Total Admissions	Treatment Status on Admission		Total Admissions	Treatment Status on Admission	
		No Previous Treatment	Previous Treatment		No Previous Treatment	Previous Treatment
TOTAL.....	11,095	10,590	505	1,175	929	246
Total Syphilis.....	1,345	864	481	430	207	223
Primary and secondary.....	119	116	3	24	22	2
Early latent.....	416	306	110	19	8	11
Late latent and late.....	729	393	336	361	162	199
Congenital.....	81	49	32	26	15	11
Stage not stated.....	..	..	..	..	..	..
Gonorrhea.....	5,808	5,801	7	193	187	6
Presumptive of gonorrhea ²	780	780	..	13	13	..
Chancroid.....	174	173	1	20	20	..
Lymphogranuloma venereum.....	7	6	1	14	12	2
Granuloma inguinale.....	14	12	2	5	3	2
Not infected with V. D.....	2,641	2,641	..	416	415	1
Diagnosis not completed.....	326	313	13	84	72	12
VISITS						
RACE AND SEX						
TOTAL.....	41,200			11,136		
White.....	3,157			679		
Male.....	2,040			430		
Female.....	..			..
Colored.....	19,671			3,978		
Male.....	16,422			6,049		
Female.....	..			..

* Duplicate admissions, due to transfer from one clinic to another, have been excluded.

¹ The Johns Hopkins Hospital, Medicine 1, the only other clinic reporting.

² Contacts of patients with gonorrhea; diagnosis not confirmed, but treated for gonorrhea.

BUREAU OF CHILD HYGIENE



BUREAU OF CHILD HYGIENE

Janet B. Hardy, M.D.

Director

During 1951 the Bureau of Child Hygiene underwent considerable reorganization of personnel and services under the direction of Dr. Janet Hardy who on April 1 joined the staff as Director of the Bureau. On September 6 Dr. Kay K. Edwards became Assistant Director of the Bureau and took over the direct supervision of the Foster Home and Day Care Program for children. On September 1 the Bureau of School Hygiene ceased to exist as such and the services were transferred to a Division of School Health in the Bureau of Child Hygiene. The new division was placed under the direction of Dr. Alan Foord who joined the staff of the bureau as Associate Chief on a part-time basis on October 1, 1951.

Maternity Hygiene

There were 22,630 babies born to Baltimore mothers during 1951, an increase of 1,248 over the 21,382 born during 1950. The birth rate of the white population increased from 19.6 per 1,000 population in 1950 to 20.7 per 1,000 in 1951. The birth rate for the nonwhite contingent of Baltimore's population showed an increase from 31.8 per 1,000 in 1950 to 33.4 in 1951. These rates were based on revised population data from the 1950 U. S. Census.

The number of deaths from causes associated with pregnancy and child-birth again decreased to equal the all-time low of 10 deaths first reached in 1949. The resulting maternal mortality rate, however, sets a new record low rate of 0.4 per 1,000 live births. For the white population the maternal death rate for 1951 was 0.3 per 1,000 live births, and for the nonwhite 0.7 per 1,000 live births.

Hospital deliveries numbered 92.9 per cent of the total; 96.6 per cent of the white mothers and 85.7 per cent of the nonwhite were delivered by physicians in hospitals. Home deliveries numbered only 7.1 per cent of the total. Of the white mothers 2.7 per cent were delivered at home by physicians and 0.7 per cent were delivered by midwives. Of the nonwhite mothers 8.5 per cent were delivered at home by physicians and 5.7 per cent by midwives. Only 0.1 per cent of all deliveries was unattended by either a physician or a midwife. During 1951 only eleven midwives were in active practice in Baltimore and signed one or more birth certificates.

As in the past every maternal death associated with pregnancy and childbirth was investigated and reviewed by a special Joint Committee of the City Health Department and the Baltimore City Medical Society. It is believed that the work of the Joint Committee in conjunction with improved prenatal care and treatment of complications has been responsible for the continued decline in the maternal mortality rate.

Maternity Hygiene Clinics

The Health Department prenatal clinics continued to be held throughout the year at the six former locations plus a new site in the Gilmor Housing Project, with a total of twelve clinic sessions per week. There were 3,261 patients delivered at Baltimore City Hospitals in 1951. Of these, 1,207 or 37.01 per cent were registered patients who had received prenatal care in the Health Department clinics. Of the 1,207 registered patients 66 were white and 1,141 were nonwhite. The 66 white patients comprise 17.41 per cent of the total white patients delivered at Baltimore City Hospitals and the 1,141 nonwhite made up 39.55 per cent of the total nonwhite patients delivered. The unregistered patients delivered numbered 2,054 representing 62.99 per cent of the total. These patients had received no prenatal care. There were two maternal deaths among the patients delivered at Baltimore City Hospitals both in unregistered mothers. One occurred thirty-six days after delivery as the result of cerebral hemorrhage and the other of fat embolism. Both were judged nonpreventable by the Joint Committee.

Routine X-ray examinations of the chest were obtained on all patients attending the Health Department prenatal clinics and repeat examinations were made when necessary. X-ray cephalo-pelvimetric examinations were made where indicated at the discretion of the examining clinician.

Serologic tests for syphilis and Rh examination of the blood of all registered patients were continued. The Baltimore Rh Laboratory performed 18,068 Rh determinations on pregnant women, fathers and siblings during 1951. At the close of the year sixteen maternity hospital licenses were in force and one was held in abeyance.

Preschool Hygiene

Infant Mortality

Infant mortality continued at the low rate of 29.8 per 1,000 live births for 1951. Prematurity, birth injuries and congenital malformations continued to be the leading causes of mortality occurring during the first month of life.

Premature Infants

Hospital facilities are now available at the Harriet Lane Home, the Baltimore City Hospitals and the University of Maryland Hospital for premature infants born outside the hospital. Most of the other hospitals have facilities to care for infants born on their own services. The transportation service maintained through the cooperative services of the City Health Department and the City Fire Department continued to function satisfactorily.

Home Visiting Service

The Bureau of Public Health Nursing was assigned 20,393 Records of Child under Six Years for neonatal visits and delivery of the Notification of Birth Registration; and 3,660 records were assigned for diphtheria prevention visits.

The service for the treatment of ophthalmia neonatorum was continued as in previous years for patients unable to afford the care of a private physician. This service was available on an "around the clock" basis as part of the generalized public health nursing program.

REPORTED CASES OF OPHTHALMIA NEONATORUM—1951

Cases reported and investigated by the Health Department.....	176
Cases assigned for nursing care.....	135
Total visits by public health nurses.....	576
Cases sent to hospital.....	1

Public health nurses made 399 visits in the investigation and study of child lead poisoning cases. Seventy-seven children were found to have the illness; nine of these died.

Well Baby Clinics

Well baby clinics were conducted at 42 locations during the year with a total of 81 sessions each week. The total number of visits paid to well baby clinics was 70,569 as compared with 71,066 for 1950. Population shifts necessitated the closing of two white clinics, one at 3540 Clipper Mill Road and the other at Barre and Carroll Streets. The clinic sessions thus saved were moved to provide much needed additional services elsewhere.

A well baby clinic was held each day at the University of Maryland Hospital. This was a joint project of the Baltimore City Health Department and the Department of Pediatrics of the University of Maryland School of Medicine. This clinic provided service to families living in the

Western Health District and educational opportunities for the medical students and staff of the University.

Preventive Inoculations

The bureau mailed 20,817 six month greeting cards signed by the Mayor of Baltimore and the Commissioner of Health urging diphtheria toxoid inoculations for babies born in Baltimore. Physicians in private practice reported the administration of toxoid to 9,333 patients as compared with 9,970 in 1950. In the well baby clinics 10,423 toxoid inoculations were given as compared with 11,245 in 1950. In March, 1951, triple antigen, a toxoid-vaccine combination for the prevention of diphtheria, whooping cough and tetanus was introduced into the clinics for general use in place of the combined diphtheria and pertussis antigens which had been previously used. Smallpox vaccination was given to 8,275 children in the well baby clinics.

Nutrition Service

The Chief of the Division of Nutrition continued to give group instruction in the well baby and prenatal clinics. She was available for consultation on an individual basis in the clinics or in the home upon the request of physicians or nurses.

Day Nurseries, Nursery Schools, Day Care Centers and Class A Family Homes

The rules and regulations governing the operation and conduct of day nurseries, nursery schools, kindergartens and other day care centers were revised, amended and readopted effective on August 1, 1951. One of the major changes was the requirement of an annual chest X-ray examination for each staff member. The reports of these examinations are required to be filed promptly with the Commissioner of Health by the person examined and as a result two cases of tuberculosis were discovered among nursery school personnel. These persons withdrew from work and were placed under treatment.

A total of 76 day nurseries held licenses during the year. Of these, 68 were in operation on December 31. The total capacity of the nurseries was 2,766, and they provided nursery facilities to 218 colored and 2,548 white children.

There were 11 applications for day nursery licenses which were processed but withdrawn by the applicants before final action was taken. Twenty applications were on file and being processed at the year's end.

Requests for approval of Class A Family Homes were made by 8 agencies which submitted 394 applications. Three hundred and six of these were approved by the Sanitary Section, 4 were disapproved, 26 were cancelled,

14 needed further study, and 44 had not been reported on by the Sanitary Section by December 31. Of the 22 applications filed in 1950 which had not been reported on by the Sanitary Section by December 31, 1950, fourteen were approved and 8 were cancelled in 1951.

Mental Hygiene

The program of the Division of Mental Hygiene continued to exercise its joint functions of service and education to the Health Department staff and public alike. Cooperation with other departments increased, notably with the Department of Education and, in the summer, the division chief again served as group leader for selected personnel at Springfield State Mental Hospital.

Supervision and service was given in the well baby clinics and more emphasis was placed on prenatal clinics where direct service through group discussions as well as individual interviews was maintained. In September a Mothers' Counseling Service was established in the Southern Health District for parents of children enrolled in well baby clinics who ask for individual help. The division chief devoted one day a week to this activity. As an aid to counseling the parent the child's behavior was recorded by a public health nurse in an adjoining play room while the mother was in consultation with the mental hygienist. Information obtained in this fashion was utilized in later conferences.

During the summer months in the Southern and Eastern Health Districts and in the Municipal Building fifteen motion picture films dealing with various aspects of mental hygiene were given five showings each. The entire staff of the Health Department, clerical as well as professional, was invited to attend and a large percentage availed themselves of this opportunity.

In November a travelling exhibit of inexpensive developmental toys for children was prepared and shown in various well baby clinics at the request of the supervisors and nurses of the Druid Health District. The children happily demonstrated the use of the toys while the mental hygiene consultant discussed with the mothers their desirable points.

A new edition of the outline "Mental Hygiene in Maternal and Pre-School Child Health" was published in booklet form. This was ready for distribution in September and was well received by the public health nurses and others interested in this phase of mental hygiene work.

School Health

The Division of School Health was created on September 1, 1951 to be a part of the Bureau of Child Hygiene. On October 1 Dr. Alan Foord, Research Associate in Maternal and Child Health at the Johns Hopkins

School of Hygiene and Public Health, assumed the direction of this division on a half-time basis; Dr. Henry F. Buettner, the previous Director of the Bureau of School Hygiene, was assigned as Acting Health Officer of the Eastern Health District. The Commissioner of Health arranged a meeting with the Superintendent of Public Instruction and a meeting with the Supervisor of Catholic Education for the purpose of introducing to them the new Director of the Bureau of Child Hygiene and the new chief of the Division of School Health and also to discuss proposed improvements. The report which follows includes the activities of the former Bureau of School Hygiene as well as those of the new Division of School Health.

Health services in the public and parochial elementary schools of Baltimore were continued as in previous years. The report of pupils examined, defects discovered and defects corrected appears in the accompanying tables. Likewise the patient-visits and diagnoses made in the Health Department eye and ear clinics, conducted by this division are tabulated.

During the spring the Bureau of School Hygiene cooperated with the Johns Hopkins Hearing Study by making available the names and addresses of children, previously included in the Hearing Study, who were currently reported as having mumps. The Bureau of Communicable Diseases notified the division of cases of mumps as they were reported; the parents of these children were sought out and asked to notify the Bureau of School Hygiene as to whether or not their children had had their hearing tested previously as part of the Hearing Study; those who had were then referred back to the Hearing Study group.

Audiometric screening for hearing impairments in the elementary school children continued to be carried on as a function of the Department of Education and, incidentally, of the Johns Hopkins Hearing Study. The screening of elementary school pupils for vision defects was continued as a Health Department responsibility and efforts were made to increase the amount of screening done by the Massachusetts Vision Test kit method instead of the simple Snellen chart.

There were six meetings of the School Health Council during the year. In October Dr. Foord replaced Dr. Henry F. Buettner as co-chairman with Dr. Elmon L. Vernier, Director of Physical and Health Education in the Department of Education. The Council was informed of intended changes in the school health program. The proposed changes were endorsed and given support by the Council.

During October, November and December the Division of School Health and the Division of Health and Physical Education of the Department of Education held numerous meetings to plan ways and means of improving the school health program. Thirty schools were selected for a beginning.

Selection was made on the basis of available facilities and the expected interest of the principals and nurses involved. Two meetings were held with the principals representing these schools for the purpose of describing the proposed changes and in order to accumulate suggestions.

One nursing supervisor from each district was designated as responsible for all school health activities in her district. Three meetings were held with these eight supervisors and the Director and Assistant Director of the Bureau of Public Health Nursing to discuss changes in the health program in the schools. Following these three meetings, four additional meetings were held with the field nurses in the various districts during the month of December; the meeting in the Druid Health District, however, was scheduled for 1952.

Personnel

Janet B. Hardy, M.D., Director
Kay K. Edwards, M.D., Assistant Director
George H. Davis, M.D., Associate Chief, Division of Maternity Hygiene
Alan Foord, M.D., Associate Chief, Division of School Health
Sibyl Mandell, Ph.D., Chief, Division of Mental Hygiene
Grace S. Volmar, R.N., B.S., Supervisor of Public Health Nursing

Prenatal Clinics

W. Allen Deckert, M.D., Health Officer
Isadore A. Siegel, M.D., Health Officer
Louis C. Gareis, M.D., Clinic Physician
Vernon C. Kelly, M.D., Clinic Physician

Well Baby Clinics

Lucille Liberles, M.D., Health Officer
McDonald M. Bando, M.D., Clinic Physician
Walter P. Block, M.D., Clinic Physician
Helen Bowie, M.D., Clinic Physician
J. W. V. Clift, M.D., Clinic Physician
J. Earle Furman, M.D., Clinic Physician
Martin K. Gorten, M.D., Clinic Physician
S. Butler Grimes, M.D., Clinic Physician
Aaron Harris, M.D., Clinic Physician
Mary L. Hayleck, M.D., Clinic Physician
Robert M. Hidey, M.D., Clinic Physician
Clewell Howell, M.D., Clinic Physician
Katharine V. Kemp, M.D., Clinic Physician
Arnold F. Lavenstein, M.D., Clinic Physician
Renold B. Lighston, Jr., M.D., Clinic Physician
Jerry C. Luck, M.D., Clinic Physician
C. F. Maloney, M.D., Clinic Physician
Mary E. Matthews, M.D., Clinic Physician
William G. Polk, M.D., Clinic Physician

Anna R. Kalkholz, M.D., Clinic Physician
Melchijah Sprague, M.D., Clinic Physician
Henry C. Summers, M.D., Clinic Physician
William Earl Weeks, M.D., Clinic Physician
Henry L. White, M.D., Clinic Physician
Joseph C. Wick, M.D., Clinic Physician
Gustav H. Wolfrum, M.D., Clinic Physician

School Health Services

M. L. Dvishitzin, M.D., Health Officer
Harry E. Bloom, M.D., Clinic Physician
Norman B. Freeman, Jr., M.D., School Physician
Gilbert E. Haiman, M.D., School Physician
Sigmond R. Szwed, M.D., School Physician
Joseph C. Hyatt, M.D., School Physician
Aaron Harris, M.D., School Physician
David Raskinich, M.D., School Physician
Maxine Feldman, M.D., School Physician
Eugene G. Goldstein, M.D., School Physician
Paul H. Hensling, Jr., M.D., School Physician
Andrew R. Samorvski, M.D., School Physician

Mary E. Danono, Senior Clerk
Dorothy Hartman, Senior Clerk
Doris B. Kane, Junior Stenographer
Caroline E. Kaufmann, Senior Stenographer
Lillian B. Maskey, Senior Clerk

TABLE NO. 14
REPORT OF PATIENTS, CLINICAL, PATIENTS INTERVIEWED FOR DELIVERY OF REPORT.

Name of Patient	Age	Sex	Race	Religion	Marital Status	Occupation	Education	Previous Illnesses	Family History	Social History	Physical Examination	Laboratory Examinations	Diagnosis	Treatment	Prognosis	Remarks
John Doe	25	M	W	C	M	Teacher	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	First case in family
Jane Smith	30	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Second case in family
Robert Johnson	40	M	W	C	M	Farmer	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Third case in family
Mary White	28	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Fourth case in family
William Brown	35	M	W	C	M	Teacher	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Fifth case in family
Elizabeth Green	22	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Sixth case in family
Thomas Black	45	M	W	C	M	Farmer	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Seventh case in family
Anna Gray	32	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Eighth case in family
Charles King	38	M	W	C	M	Teacher	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Ninth case in family
Patricia Lee	27	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Tenth case in family
James Hall	42	M	W	C	M	Farmer	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Eleventh case in family
Barbara Scott	29	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Twelfth case in family
Richard Adams	37	M	W	C	M	Teacher	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Thirteenth case in family
Susan Baker	24	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Fourteenth case in family
Donald Miller	41	M	W	C	M	Farmer	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Fifteenth case in family
Michelle Davis	26	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Sixteenth case in family
Christopher Wilson	39	M	W	C	M	Teacher	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Seventeenth case in family
Stephanie Moore	23	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Eighteenth case in family
Gregory Taylor	43	M	W	C	M	Farmer	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Nineteenth case in family
Rebecca Young	31	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Twentieth case in family
Anthony Evans	36	M	W	C	M	Teacher	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Twenty-first case in family
Christina Hill	25	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Twenty-second case in family
Benjamin King	44	M	W	C	M	Farmer	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Twenty-third case in family
Victoria Green	28	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Twenty-fourth case in family
Samuel White	40	M	W	C	M	Teacher	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Twenty-fifth case in family
Emily Black	27	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Twenty-sixth case in family
Robert Gray	33	M	W	C	M	Farmer	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Twenty-seventh case in family
Michelle Brown	29	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Twenty-eighth case in family
Christopher Lee	38	M	W	C	M	Teacher	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Twenty-ninth case in family
Stephanie Hall	24	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Thirtieth case in family
Gregory Scott	42	M	W	C	M	Farmer	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Thirty-first case in family
Rebecca Adams	30	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Thirty-second case in family
Anthony Baker	35	M	W	C	M	Teacher	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Thirty-third case in family
Christina Miller	26	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Thirty-fourth case in family
Benjamin Wilson	41	M	W	C	M	Farmer	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Thirty-fifth case in family
Victoria Moore	28	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Thirty-sixth case in family
Samuel Taylor	40	M	W	C	M	Teacher	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Thirty-seventh case in family
Emily Evans	27	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Thirty-eighth case in family
Robert Hill	33	M	W	C	M	Farmer	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Thirty-ninth case in family
Michelle King	29	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Fortieth case in family
Christopher Green	38	M	W	C	M	Teacher	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Forty-first case in family
Stephanie White	24	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Forty-second case in family
Gregory Black	42	M	W	C	M	Farmer	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Forty-third case in family
Rebecca Gray	30	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Forty-fourth case in family
Anthony Brown	35	M	W	C	M	Teacher	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Forty-fifth case in family
Christina Lee	26	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Forty-sixth case in family
Benjamin Hall	41	M	W	C	M	Farmer	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Forty-seventh case in family
Victoria Scott	28	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Forty-eighth case in family
Samuel Adams	40	M	W	C	M	Teacher	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Forty-ninth case in family
Emily Baker	27	F	W	C	M	Homemaker	High School	None	None	None	Normal	Normal	Smallpox	Isolation	Good	Fiftieth case in family

TABLE NO. 1C
REPORT OF PRENATAL CLINICS—UNREGISTERED PATIENTS

CASES AND VISITS	GRAND TOTAL	DEUD HEALTH DISTRICT	GILMER HOUSING PROJECT	SOUTHERN HEALTH DISTRICT	CHERRY HILL HOMES	SOUTH- EASTERN HEALTH DISTRICT	SOMERSET HEALTH CENTER	EASTERN HEALTH DISTRICT
DISCHARGED CASES								
Total.....	453	270	26	26	11	18	53	60
Not pregnant.....	1	1						
Delivered in hospital.....	371	220	17	17	2	10	48	57
Delivered by midwife.....	62	35	9	9		7		2
Delivered by physician.....	3	1					2	
Delivered unattended.....	19	7			9	1	2	
Other.....	7	6						1
TOTAL CLINIC VISITS.....	490	283	26	26	14	18	59	64
Clinic visits.....	35	12	1	14			4	4
Postpartum.....	377	220	23	11	7	18	29	59
Neonatal.....	78	51	2	1	7		16	1

TABLE NO. 1D
REPORT OF PRENATAL CLINICS: ANALYSIS OF FINDINGS ON EXAMINATION

FINDINGS	REGISTERED FOR DELIVERY AT HOSPITAL						REGISTERED FOR DELIVERY BY MIDWIFE					
	NUMBER			PERCENTAGE DISTRIBUTION			NUMBER			PERCENTAGE DISTRIBUTION		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
PABA												
Primipara.....	251	10	241	22.1	17.5	22.3	70	6	64	17.0	28.6	16.4
Multipara.....	886	47	839	77.9	82.5	77.7	342	15	327	83.0	71.4	83.6
PELVIS TYPE												
Platyepeloid.....	46	4	42	4.0	7.0	3.9	18	1	17	4.4	4.8	4.3
Android.....	68	..	68	6.0	..	6.3	26	..	26	6.3	6.7	6.7
Gynecoid.....	953	45	908	83.8	79.0	84.0	351	18	333	83.2	85.7	85.2
Anthropoid.....	58	8	50	5.1	14.0	4.6	13	2	11	3.0	9.5	3.2
Unknown.....	12	..	12	1.1	..	1.1	2	..	2	0.5	..	0.5
PELVIS SIZE												
Adequate.....	1,013	56	957	89.0	98.2	88.6	380	20	360	92.2	95.2	92.1
Borderline.....	100	1	99	8.8	1.8	9.2	28	1	27	6.3	4.8	6.4
Contracted.....	14	..	14	1.2	..	1.3	4	..	4	1.0	..	1.0
Unknown.....	10	..	10	0.9	..	0.9	2	..	2	0.5	..	0.5
SEROLOGIC TEST FOR SYPHILIS												
Positive.....	108	1	107	9.5	1.8	9.9	27	..	27	6.6	..	6.9
Negative.....	1,022	55	967	89.9	96.4	89.5	354	21	333	93.2	100.0	92.8
Doubtful.....	1	..	1	0.1	..	0.1	..	..	..	..	..	..
Not taken.....	6	1	5	0.5	1.8	0.5	1	..	1	0.2	..	0.3
OTHER FINDINGS												
Toxemia.....	23	1	22	2.0	1.8	2.0	13	..	13	3.2	..	3.3
Heart Murmur.....	52	2	50	4.6	3.5	4.6	18	2	16	4.4	9.5	4.1
Rh FACTOR												
Positive.....	1,051	51	1,000	93.3	89.4	93.5	372	18	354	90.3	85.7	90.6
Negative.....	66	5	61	5.8	8.8	5.7	34	3	31	8.3	14.3	7.9
Not taken.....	10	1	9	0.9	1.8	0.8	6	..	6	1.4	..	1.5
X-RAY												
Positive.....	18	2	16	1.6	3.5	1.5	13	1	12	3.2	4.8	3.1
Negative.....	936	44	892	87.6	77.2	88.1	355	17	338	86.1	80.9	86.4
Not taken.....	123	11	112	10.8	19.3	10.4	44	3	41	10.7	14.3	10.5

TABLE NO. 2A
REPORT OF WELL BABY CLINICS

CLINIC REGISTRATIONS							CLINIC VISITS							
	ON REGIS- TER Jan. 1, 1951		NEW REG- ISTRANTS		REGIS- TRANTS SEEN DURING 1951		REGIS- TRANTS		NON-REG- ISTRANTS		TOTAL			
	Under 1 Yr.	1 Yr. & over	Under 1 Yr.	1 Yr. & over	Under 1 Yr.	1 Yr. & over	Under 1 Yr.	1 Yr. & over	Under 1 Yr.	1 Yr. & over	Under 1 Yr.	1 Yr. & over	Total	
TOTAL CITY	6,844	10,943	7,689	562	10,720	3,850	35,006	16,089	1,796	7,678	46,802	23,767	70,569	
TOTAL WHITE	1,920	3,744	2,329	317	3,256	1,548	4,256	7,068	913	5,055	15,169	12,123	27,292	
TOTAL COLORED	4,924	7,199	5,360	245	7,464	2,302	30,750	9,021	883	2,623	31,633	11,644	43,277	

WHITE CLINICS

Clinic No.	65	114	79	23	118	67	393	165	3	12	396	177	573
11	23	99	42	2	54	15	237	66	4	23	241	89	330
12	2	4	5	..	13	1	38	8	2	12	40	20	60
13	67	142	88	10	129	78	722	328	24	155	746	483	1,229
14	49	85	50	2	68	17	389	166	36	112	425	278	703
15	81	221	91	36	128	111	383	262	11	138	394	400	794
16	48	107	40	7	69	38	179	98	24	50	203	148	351
22	43	61	76	12	106	41	379	117	27	94	406	211	617
23	57	87	101	7	126	22	592	329	66	372	658	701	1,359
24	80	168	118	16	166	115	813	733	35	268	848	1,001	1,849
25	48	100	21	2	32	24	130	107	14	72	144	179	323
26	38	104	49	3	70	5	298	257	46	144	344	401	745
27	73	137	94	7	134	57	636	273	..	22	636	295	931
41	117	191	168	26	240	89	882	304	24	203	906	507	1,413
42	67	142	63	10	98	78	410	226	26	124	436	350	786
43	101	87	89	12	127	79	444	234	23	316	467	550	1,017
45	34	112	41	5	57	47	262	194	8	36	270	230	500
47	68	166	89	11	132	105	520	298	14	106	634	404	938
49	129	143	165	17	205	29	916	292	89	436	1,005	728	1,733
51	20	58	24	3	31	13	161	148	11	63	172	211	383
53	40	86	35	3	87	70	738	586	26	184	764	770	1,534
55	19	85	26	5	35	10	120	80	14	85	134	165	299
56	83	145	123	10	138	21	673	190	168	459	841	649	1,490
57	27	93	39	5	58	28	282	199	16	62	298	261	559
58	57	150	54	1	101	58	478	239	43	122	521	361	882
72	70	101	92	18	119	35	408	152	41	378	449	530	979
82	94	239	146	20	183	127	739	307	33	325	772	632	1,404
83	11	38	6	..	12	7	47	25	4	5	51	30	81
84	88	86	88	2	153	41	621	134	22	125	643	259	902
85	24	52	40	..	48	25	172	48	3	59	175	107	282
86	24	98	60	17	60	22	359	158	19	152	378	310	688
92	26	102	49	14	49	15	206	143	3	80	299	223	522
93	144	221	78	11	112	58	539	202	34	261	573	463	1,036
94													

COLORED CLINICS

Clinic No.	171	294	165	5	280	120	1,053	400	4	24	1,057	424	1,481
11	82	360	151	5	236	80	1,094	324	7	42	1,101	366	1,467
12	199	351	104	5	298	93	1,184	410	20	90	1,204	500	1,704
13	200	336	116	12	213	74	1,185	434	17	112	1,202	546	1,748
15	253	663	280	26	407	228	1,377	588	11	147	1,388	735	2,123
16	278	663	292	27	435	295	1,527	686	2	151	1,529	837	2,366
17	391	594	449	29	540	254	2,400	853	58	128	2,458	981	3,439
23	501	627	534	7	759	163	3,061	597	122	254	3,181	851	4,034
31	796	594	685	19	816	149	3,897	980	139	394	4,036	1,374	5,410
32	389	760	385	1	483	58	2,106	814	139	208	2,245	522	2,767
33	834	706	957	22	1,292	118	5,358	783	235	414	5,593	1,197	6,790
34	..	..	139	2	140	2	605	85	25	37	630	122	752
35	78	215	119	23	176	133	668	422	3	50	671	472	1,143
46	56	171	82	12	91	40	469	286	5	26	474	312	786
48	149	318	149	6	194	51	806	320	34	141	840	461	1,301
51	41	83	51	5	69	36	317	176	8	27	325	203	528
52	46	96	61	5	89	21	385	190	5	49	390	239	629
54	170	456	283	25	381	175	1,287	538	5	91	1,292	629	1,921
59	128	310	196	6	258	128	963	315	33	149	996	464	1,460
83	14	11	5	..	12	2	65	20	1	3	66	23	89
85	36	64	63	2	86	52	367	125	3	42	370	167	537
88	112	67	94	1	129	30	576	175	7	44	583	219	802
94													

* Converted to a colored clinic in September.

TABLE NO. 2B
REPORT OF WELL BABY CLINICS

DISTRIBUTION OF DISCHARGES BY RACE AND BY TYPE OF DISCHARGE						
Type Discharge	Number			Per Cent		
	Total	White	Colored	Total	White	Colored
Total.....	9,430	3,009	6,421	100.0	100.0	100.0
Six years.....	505	265	240	5.4	8.8	3.8
Lost.....	4,256	1,263	2,993	45.1	42.0	46.6
Not cooperative.....	3,361	914	2,447	35.6	30.4	38.1
Died.....	73	15	58	0.8	0.5	0.9
Transferred out.....	1,235	552	683	13.1	18.3	10.6

TABLE NO. 3
REPORT OF CLASS A FAMILY HOMES (BOARDING HOMES), DAY NURSERIES
AND NURSERY SCHOOLS—1951

LICENSES AND AGENCY	CLASS A FAMILY HOMES	DAY NURSERIES AND NURSERY SCHOOLS		
	Total	Total	White	Colored
Referred for licensing.....	394			
Department of Public Welfare.....	211			
Associated Catholic Charities.....	71			
Family and Children's Aid Society.....	54			
Jewish Family and Children's Society.....	24			
Baltimore County Welfare Board.....	21			
Church Mission of Help.....	7			
Baltimore City Health Department.....	5			
Howard County Welfare Board.....	1			
Referred to Sanitary Section.....	394			
Total licensed, December 31, 1951.....		68	57	11
New licenses issued.....		10	7	3
Licenses discontinued.....		8	8	0

TABLE NO. 4A
REPORT OF PUPILS EXAMINED AND DEFECTS FOUND

	TOTAL	PUBLIC ELEMENTARY SCHOOLS		PAROCHIAL SCHOOLS	
		White	Colored	White	Colored
Number of pupils examined.....	23,256	10,489	7,833	4,229	705
Number of pupils defective.....	9,034	3,938	3,522	1,345	229
Throat-Tonsils.....	3,350	1,404	1,435	383	128
Nose-Adenoids.....	1,059	564	350	137	8
Mouth-Teeth.....	5,082	2,485	1,646	829	122
Eyes.....	637	203	364	67	3
Orthopedic deformities.....	60	38	18	4	..
Heart.....	323	134	76	111	2
Hernia.....	124	10	107	5	2
Malnutrition.....	325	71	239	13	2

TABLE NO. 4B
REPORT OF CORRECTIONS OF PHYSICAL DEFECTS OF SCHOOL CHILDREN

	TOTAL	PUBLIC ELEMENTARY SCHOOLS		PAROCHIAL SCHOOLS	
		White	Colored	White	Colored
Tonsils and adenoids.....	1,192	806	73	294	19
Other operations.....	159	69	50	26	14
Teeth.....	2,917	1,051	1,191	491	184
Eyes refracted and glasses obtained.....	940	467	254	200	19
Eyes refracted and glasses not necessary....	224	118	175	29	2
Skin eruption.....	155	46	80	26	3
Pediculosis.....	106	79	14	13	..
Minor ailments and injuries treated.....	492	12	150	326	4

TABLE NO. 4C
REPORT OF INOCULATIONS GIVEN IN SCHOOLS

	TOTAL	PUBLIC ELEMENTARY SCHOOLS		PAROCHIAL SCHOOLS	
		White	Colored	White	Colored
Diphtheria inoculations					
Preschool child.....	338	250	68	16	4
School child.....	4,847	2,053	1,913	756	125
Smallpox vaccination					
Preschool child.....	95	88	..	6	1
School child.....	109	40	31	35	3

TABLE NO. 4D
PUPILS EXCLUDED FROM SCHOOL BY NURSE

CONDITION SUSPECTED	TOTAL	PUBLIC ELEMENTARY SCHOOLS		PAROCHIAL SCHOOLS	
		White	Colored	White	Colored
Pediculosis.....	925	799	..	126	..
Tinea capitis.....	71	39	27	5	..
Tinea corporis.....	28	22	1	5	..
Scabies.....	35	28	7	..	..
Skin infections and impetigo.....	53	38	13	2	..
Skin rash—generalized.....	48	40	6	2	..
Sore throats and colds.....	106	93	8	5	..
Vomiting and abdominal pain.....	42	35	7	..	..
Headache.....	29	26	2	1	..
Fever.....	35	31	3	1	..
Earache and running ear.....	8	6	1	1	..
Swollen neck glands.....	36	36	..	..	..
Conjunctivitis and styas.....	58	47	7	4	..
Suspected communicable diseases.....	147	121	19	7	..
No vaccination.....	2	1	1	..	..
Misc., including injuries, fainting, etc.....	43	34	6	3	..

TABLE NO. 4E
INCIDENCE OF COMMUNICABLE DISEASES

	1946	1947	1948	1949	1950	1951
Chickenpox.....	1,534	1,333	1,583	1,385	1,373	869
Diphtheria.....	128	36	9	10	28	2
German measles.....	299	15	47	510	31	139
Measles.....	3,463	108	4,410	6,522	140	1,556
Meningococcus meningitis.....	11	5	4	..	5	1
Paralytic poliomyelitis.....	3	12	5	12	47	1
Scarlet fever.....	429	231	197	326	193	150
Typhoid fever.....	..	..	..	2	1	..
Whooping cough.....	307	998	205	391	514	63

TABLE NO. 4F
REPORT OF EYE CLINIC EXAMINATIONS

New patients.....	882
First visit this year, old patients.....	45
Readmitted.....	232
Total number of patients.....	1,159
Current visits.....	1,521
Total number of visits.....	2,680
Cycloplegics.....	914
Refractions.....	888
Post-examinations.....	158
Treatments.....	15
Glasses delivered in clinic.....	573
Refractions not necessary.....	132
Refracted—glasses not advised.....	158
Discharged.....	1,100

DIAGNOSIS

Hyperopia.....	126
Hyperopic astigmatism.....	47
Compound hyperopic astigmatism.....	410
Myopia.....	119
Myopic astigmatism.....	1
Compound myopic astigmatism.....	233
Mixed astigmatism.....	88
Emmetropia.....	4
Amblyopia exanopsia.....	49
Esotropia.....	50
Exotropia.....	10
Esophoria.....	25
Exophoria.....	19
Hordeolum.....	1
Nystagmus.....	7
Cataracts.....	4
Chorio-retinitis.....	1
Blepharitis.....	4
Uveitis.....	1
Paresis.....	1
Optic atrophy.....	2
Corneal scarring.....	2
Acute conjunctivitis.....	3
Aphakia.....	2
Anophthalmos (traumatic).....	1
Ectopia lentis.....	1

TABLE NO. 4G
REPORT OF EAR CLINIC EXAMINATIONS

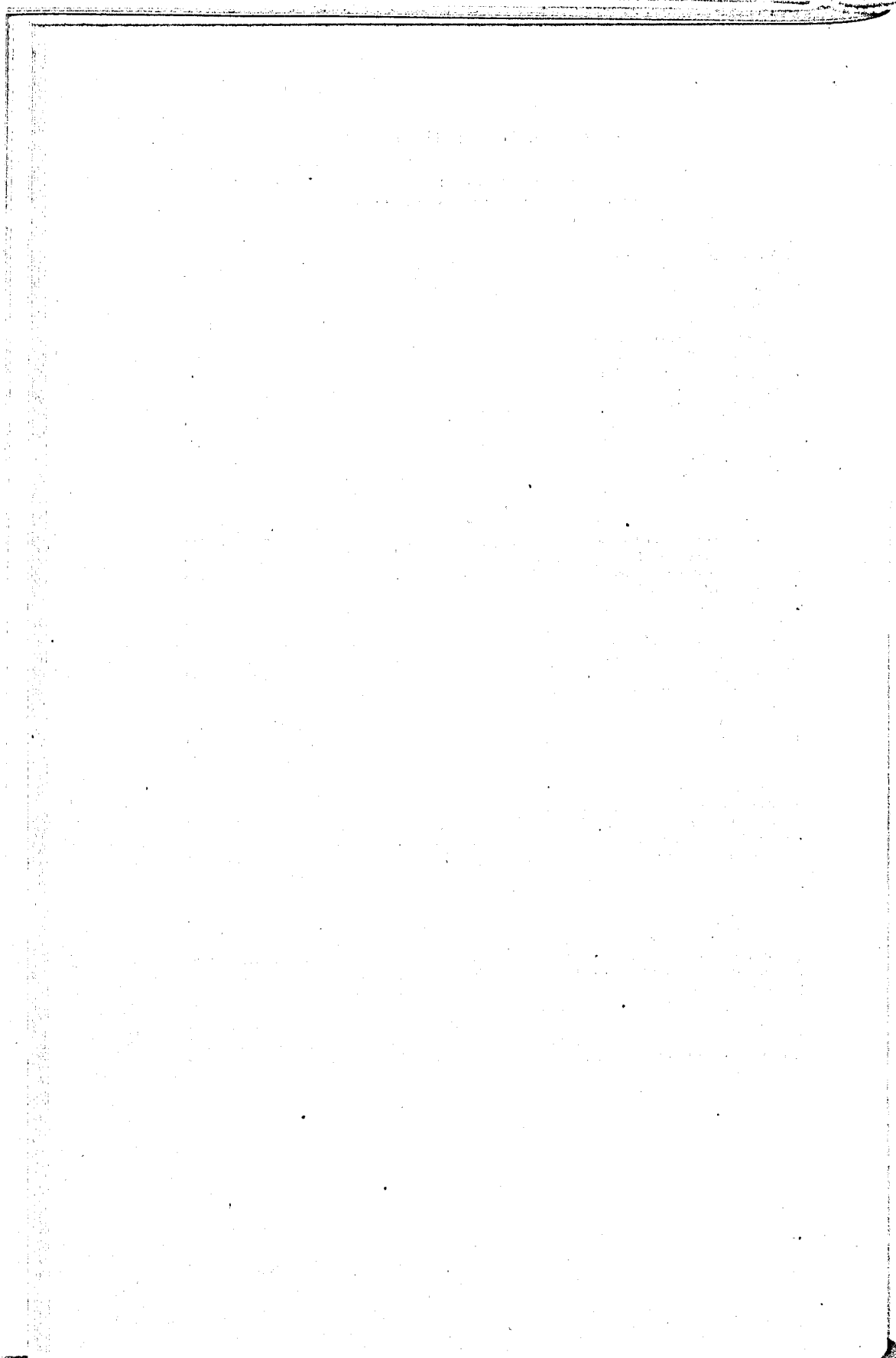
New patients.....	438
First visit this year old patients.....	464
Readmitted.....	38
Total number of patients.....	938
Current visits.....	322
Total number of visits.....	1,260
Referred by Department of Education.....	326
Referred by Public Health Nurses.....	110
Received lip reading instruction.....	16
Received speech correction.....	31
Received Hearing Aids.....	17
Treated.....	382
Tested (2A).....	1,197
Patients treated with radium.....	60
Radium treatments.....	89

DIAGNOSIS

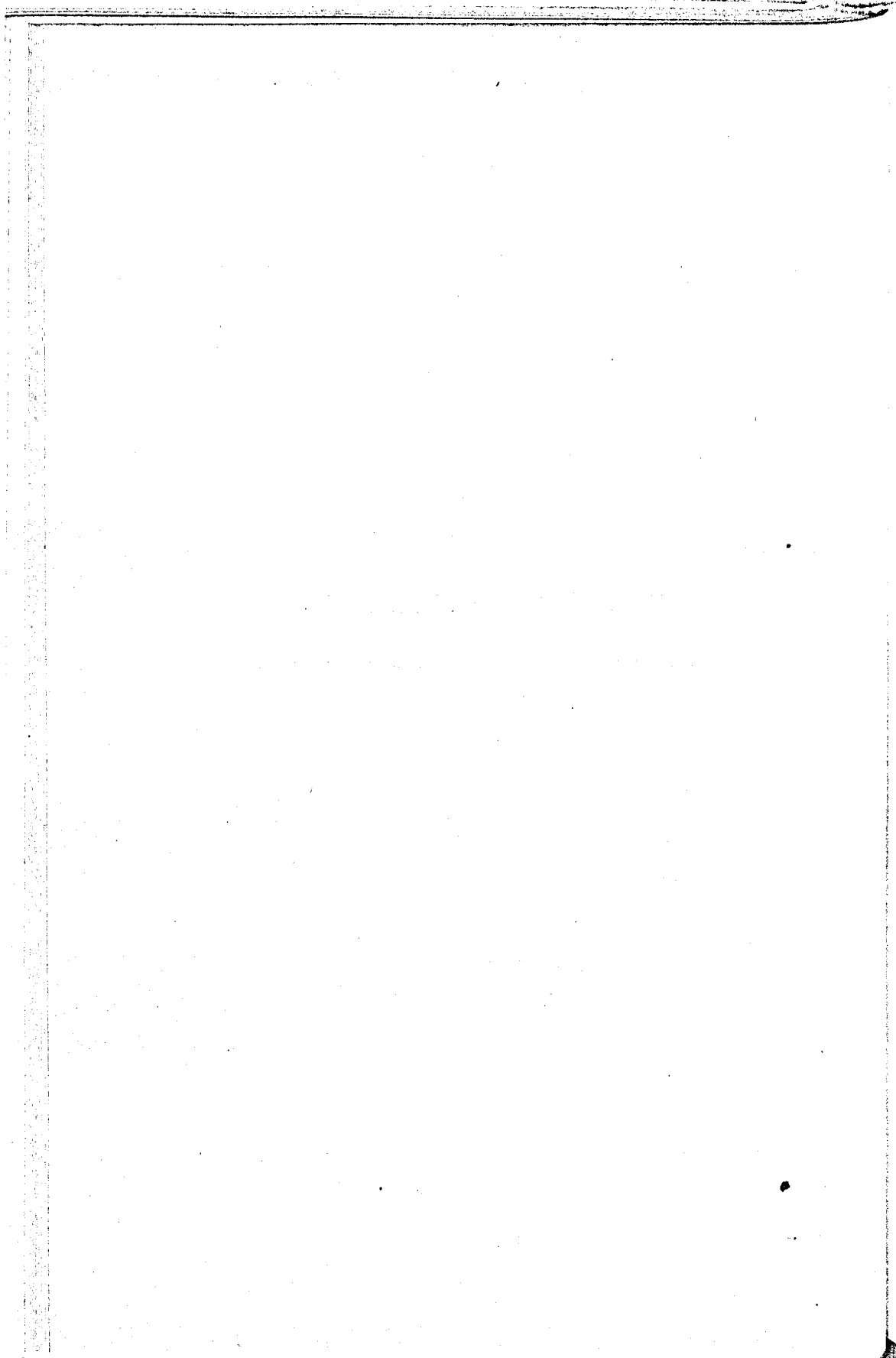
Hypertrophied tonsils and adenoids.....	224
Acute purulent otitis media.....	16
Chronic purulent otitis media.....	44
Acute catarrhal otitis media.....	1
Nerve deafness.....	29
Congenital deafness.....	4
Conduction deafness.....	4
Acute pharyngitis.....	2
Acute rhinitis.....	69
Mastoidectomy (corrected).....	4
Cervical adenitis.....	5
Otitis externa.....	4
Foreign body.....	4
Oral sepsis.....	18
Polypus.....	2
Congenital atresia.....	1
Nasal obstruction.....	1
High-tone hearing defect.....	28
Tongue-tied (corrected).....	1
Tonsil and adenoid operations.....	61

DISCHARGED

Condition to normal.....	425
Failed to return to clinic.....	138
Care no longer needed.....	48
Permanently withdrawn from school.....	29
Graduated from school.....	13
Referred to private physician.....	13
Left city.....	5
Died.....	2
Referred to another clinic.....	1



BUREAU OF DENTAL CARE



BUREAU OF DENTAL CARE

H. Berton McCauley, D.D.S.

Director

The constructive and preventive program of dental care for children attending the public and parochial schools of Baltimore, inaugurated in 1950, was substantially expanded in 1951. Emergency dental treatment for persons receiving public assistance continued to be offered in the six hospitals participating in the Baltimore City Medical Care Program.

Expanded School Dental Program

With continued assistance of the public and parochial schools, local community organizations and the dentists of Baltimore, the school dental program grew steadily through the year. Early in January a new dental clinic was opened in the Coppin Demonstration School, Public School No. 132, and the beginning of the fall school term signalled the opening of new facilities in the Fourteen Holy Martyrs Parish Hall, in the William S. Baer School for handicapped children, in the recently completed building of the Southern Health District and in the William M. Alexander School, No. 112. The Southern Health District clinic was equipped with two rather than the one operatory typical of school dental facilities.

Altogether eleven dental clinics for school children were in operation by the end of 1951. All were located in areas of great need. Each contained a modern dental unit and chair fully equipped and supplied for the use of a dentist and assistant engaged primarily in prophylactic and constructive dentistry. A list of these appears in Table No. 1.

Procedures

The school dental program continued to emphasize measures to save teeth. All children in the program were inspected for dental defects as early in the school year as possible. If defects were found, parents were advised accordingly and motivated to take the child to a dentist. Treatment in a school clinic was provided only when investigation by the school nurse disclosed that the child would not otherwise receive dental attention.

Children admitted to the program for the first time were limited to those of the first grade or younger, a condition of maximum preventive effort, but with provision for obtaining the continued benefits of annual dental inspection and treatment as they advance into higher grades. At the end of 1951 the program encompassed 7,511 prekindergarten, kinder-

garten, first and second grade children attending 43 public and parochial schools, distributed as shown in Table No. 2. A year earlier 3,722 children attending 22 schools were included in the program.

Services Rendered

The 7,511 children in the program received 8,547 dental inspections during the year and 1,559 of them received dental care in Health Department school clinics as indicated in Table No. 3. Approximately 15 per cent of the white children and 29 per cent of the colored children in the program were treated in school clinics. Of the 1,559 treated in Health Department clinics, 1,068 were completed cases. An additional 1,411 children of all ages referred from 29 scattered elementary schools received limited dental services, chiefly of an emergency nature.

Dental Health Education

The school dental program continued to provide a measure of dental health education for children and parents. Parents were invited to attend the inspection of the teeth of children newly included in the program and to discuss, with the child at hand, the dental problems of the youngster with the clinic dentist or the school nurse. Every effort was made to encourage questions and to initiate the child in good habits of dental care with a pleasant experience. The parents of 2,090 of the 3,789 children whose teeth were inspected for the first time in 1951 accepted the invitation.

This work was supplemented by the distribution of a printed folder entitled "Care of the Teeth," a leaflet and poster "Baltimore Steps to Dental Health," a new poster "Get Started Right," and a series of four colorful dental health educational posters approved by the American Dental Association and suitable for primary grade children. Approximately 40,000 each of the folders and the leaflets were placed in the hands of children and adults through schools, home nursing visits, well baby clinics and private dental offices. More than 500 each of the posters "Baltimore Steps to Dental Health" and "Get Started Right" were displayed in schools, Health Department clinics, windows and bulletin boards throughout the city. Every elementary school in Baltimore was supplied with at least one set of the primary posters. Further efforts to inform the public of the importance and need for adequate dental care were made through radio and television programs, press notices, and talks to parent-teacher groups, community organizations and assemblies of school children. The Bureau of Dental Care also cooperated with the dentists of Baltimore and of Maryland in the promotion of National Children's Dental Health Day which was celebrated on February 5.

Personnel

Failure to obtain the services of dental hygienists continued to limit the expansion of the school dental program in 1951. Their duties utilized the time of public health nurses and highly trained dentists, thereby adding to a heavy work load assigned to the nursing staff outside of the dental program, and seriously reducing the potential capacity of individual dental clinics to provide greatly needed services. The further diversion of nursing time from other health programs reached impracticability in all but one health district of the city.

Emergency Dental Care for Public Assistance Clients

The Bureau of Dental Care, working with the Medical Care Section, assisted in the administration of a program under which persons receiving public assistance through the Department of Public Welfare were given access to emergency dental services. These services, given in hospital dental clinics, were provided under contract between the Commissioner of Health and the six hospitals participating in the Baltimore City Medical Care Program. Altogether 1,926 persons received 5,262 dental treatment services in the six hospital clinics during 1951. A detailed report appears in Table No. 4.

Projected Fluoridation of City Water

Serious consideration of fluoridation of the water supply of Baltimore was prompted by accumulated evidence of the substantial effect against tooth decay by fluoride in public water supplies. This evidence was recognized by the American Dental Association in 1950 when it approved fluoridation as a practical and effective public health method. Shortly thereafter, at the request of Mayor Thomas D'Alesandro, Jr., and in response to a resolution of the City Council, the Bureau of Water Supply and the Health Department began a joint study to determine the desirability of adjusting the fluoride content of the city's water to the optimum one part per million.

On November 29, 1951, the National Research Council released the report of its *ad hoc* Committee on the Fluoridation of Water Supplies. The next day the report was transmitted to the Mayor by the Commissioner of Health who wrote: "This Report which is very satisfactory has just reached me during the past half hour, and I feel sure that now it will be well, on the basis of these findings, for Baltimore City to move forward with the plan you have sponsored so actively to take this important public health step."

In this decision, the Commissioner was supported by official actions of

the Baltimore City Dental Society, the Medical and Chirurgical Faculty of Maryland, the Faculty Council of the Baltimore College of Dental Surgery of the University of Maryland, and the Maryland State Board of Health. At year's end the Bureau of Water Supply was preparing to start fluoridating the output of its Montebello filters in 1952.

Personnel

H. Berton McCauley, D.D.S., Director
Melvin H. Bulmash, D.D.S., Clinic Dentist
Sidney O. Burnett, Jr., D.D.S., Clinic Dentist
Lucius A. Butler, D.D.S., Clinic Dentist
Benjamin S. Crosby, D.D.S., Clinic Dentist
Paul M. Doctor, D.D.S., Clinic Dentist
Vernon T. Hart, D.D.S., Clinic Dentist
Edward McDaniels, Jr., D.D.S., Clinic Dentist
J. Laws Nickens, D.D.S., Clinic Dentist
Elizabeth S. Powell, D.D.S., Clinic Dentist
Sheldon Silverman, D.D.S., Clinic Dentist
Eugene T. Wisniewski, D.D.S., Clinic Dentist
Hernel K. Gruber, Senior Stenographer

TABLE NO. 1
LOCATION OF ACTIVE DENTAL FACILITIES OF THE CITY HEALTH DEPARTMENT—
DECEMBER 31, 1951

CLINIC	SCHOOL	NAME	ADDRESS	DATE OPENED	HOURS PER WEEK
1	230	Canton Elementary School	Hudson St. and Highland Ave.	2/27/50	9
2	76	Francis Scott Key School	Fort Ave. and Decatur St.	9/13/50	15
3	6	William Fell School	Ann St. near Fleet St.	9/13/50	15
4	55	Hampden School	Chestnut Ave. and 37th St.	9/13/50	15
5		Fourteen Holy Martyrs Hall	Pratt and Mount Sts.	9/ 7/51	15
6	301	William S. Baer School	Warwick Ave. above North Ave.	9/ 7/51	15
7		Southern Health District	1211 Wall St.	9/24/51	15
50	132	Coppin Demonstration School	Mount St. near Riggs Ave.	1/ 5/51	15
51	139	Elementary School	Central Ave. and Lexington St.	4/17/50	15
52	122	Samuel Coleridge Taylor School	Preston St. near Penna. Ave.	9/13/50	15
53	112	William M. Alexander School	Laurens and Calhoun Sts.	12/10/51	15

TABLE NO. 2
DISTRIBUTION OF CHILDREN AND SCHOOLS INCLUDED IN THE PROGRAM OF DENTAL
CARE FOR THE SCHOOL CHILDREN OF BALTIMORE—DECEMBER 31, 1951

ITEM	TOTAL	PUBLIC ELEMENTARY SCHOOLS		PAROCHIAL SCHOOLS	
		White	Colored	White	Colored
Children.....	7,511	2,793	2,466	1,805	447
Schools.....	43	15	11	13	4

TABLE NO. 3
FACILITIES USED, CLINIC TIME EXPENDED AND SERVICES RENDERED UNDER THE
PROGRAM OF DENTAL CARE FOR THE SCHOOL CHILDREN OF BALTIMORE—1951

	1950 TOTAL	1951		
		Total	White	Colored
Dental clinics.....	8	11	7	4
Continued from 1950.....		6	4	2
Opened in 1951.....		5	3	2
Clinic hours utilized.....	2,445	3,768	2,112	1,656
For dental inspections.....	396	669	405	264
For dental treatment.....	2,049	3,099	1,707	1,392
Children inspected.....	3,722	7,511	4,598	2,913
Number with parent present.....	1,713	2,000	1,348	742
Per cent with parent present*.....	46	55	70	39
Children treated.....	2,470	2,970	708	2,262
Under preventive program.....	941	1,559	708	851
Referred for emergency care.....	1,538	1,411		1,411
Per cent of program children treated.....	25	21	15	29
Patient visits.....	3,618	5,857	2,736	3,121
Dental services provided.....	8,298	12,162	4,759	7,403
Average number per child treated.....	3.3	4.1	6.7	3.3
Dental cleaning operations.....	1,646	2,017	487	1,530
Fillings.....	2,145	5,516	2,417	3,099
Extractions, permanent teeth.....	1,107	886	189	697
Extractions, deciduous teeth.....	3,049	3,173	760	2,413
Other.....	261	570	324	246
Cases completed.....	341	1,068	316	752

* At initial inspection only. Few children were accompanied by a parent at subsequent inspections.

TABLE NO. 4
EMERGENCY DENTAL SERVICES RENDERED IN HOSPITAL DENTAL CLINICS UNDER
BALTIMORE CITY MEDICAL CARE PROGRAM—1951

ITEM	MEDICAL CARE CLINIC						TOTAL ALL HOSPITALS
	Univer- sity	Hopkins	South Balti- more General	Sinai	Provi- dent	Mercy	
PATIENT VISITS							
First visits.....	367	500	152	70	750	87	1,926
Revisits.....	148	1,072	156	203	187	24	1,790
Total number patient visits.....	515	1,572	308	273	937	111	3,716
SERVICES							
Radiographs.....	135	352	45	228	51	1	812
Treatments acute gingivitis.....	5	0	0	5	33	2	45
Permanent teeth extracted.....	491	1,394	488	149	369	134	3,025
Deciduous teeth extracted.....	81	428	43	31	54	10	647
Post extraction treatments.....	92	79	38	25	76	5	315
Teeth dressed or filled.....	1	70	0	2	2	0	75
Other services.....	40	183	2	93	15	10	343
Total number services rendered.....	845	2,506	616	533	600	162	5,262

BUREAU OF PUBLIC HEALTH NURSING

BUREAU OF PUBLIC HEALTH NURSING

Alice M. Sundberg, R.N., M.P.H.

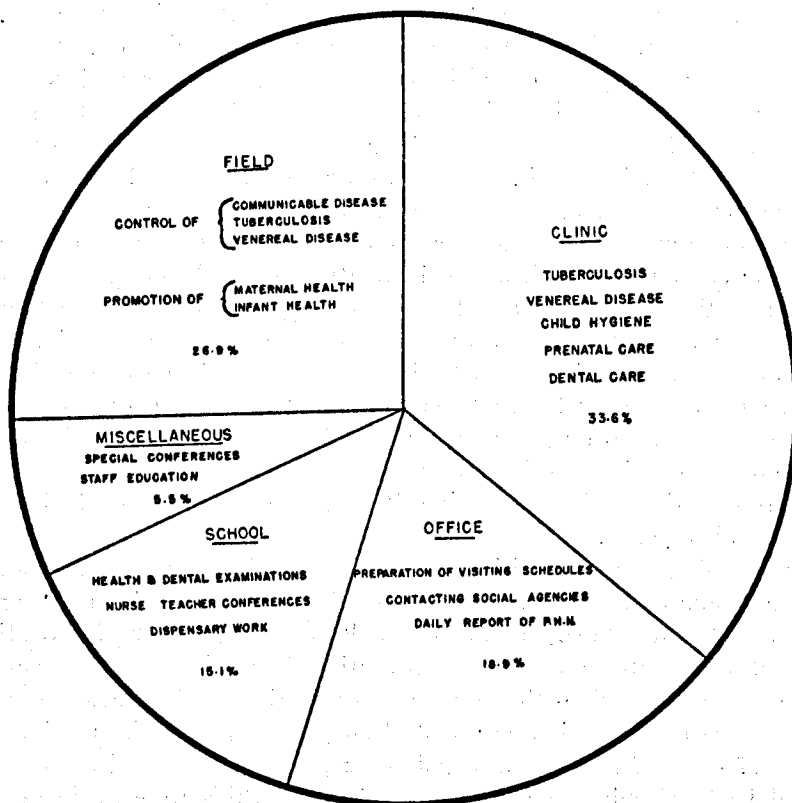
Director

The Bureau of Public Health Nursing program included service in homes, clinics and schools on a generalized basis with almost all of the nurses participating in all phases of the program. In addition, members of the bureau staff participated in a number of interesting projects with other bureaus. One public health nurse was assigned to assist in the Housing Bureau's Baltimore Plan Pilot Program in a sixteen block area in the Eastern Health District. Two nurses assisted in the U. S. Public Health Service chrome study conducted among the employees working with dust at a fertilizer plant which was used as a control in the study. Visits were made by the public health nurses in relation to a tuberculin study conducted by the Bureau of Child Hygiene in a number of well baby clinics and an equal number of control clinics. One nurse was assigned to the Bureau of Tuberculosis to assist with the BCG study conducted in co-operation with a local hospital. Nine hundred and twenty-seven infants were vaccinated with BCG and patch tested. The public health nurses in the health districts applied the patch test, and the assigned nurse made visits to read the results and to give follow-up service to any of the infants showing adenopathy.

The opening of four additional dental clinics during the year brought the total number of clinic sessions in which the public health nurse gave assistance to fifty-three. The nurses conducted the program of education and follow-up with emphasis on preventive dental hygiene. The supervising nurse assigned to the Bureau of Industrial Hygiene made a total of 399 visits in connection with child lead poisoning. This included visits to the 77 cases of reported lead poisoning as well as home visits for suspected lead poisoning and other special visits which were made in the preventive area to demonstrate the field studies for new staff members and for medical and nursing students.

The turnover among the younger nurses necessitated the introduction of thirty-two nurses who came to the Health Department without public health nursing experience or training. Much time and effort were expended by the supervisors to provide the necessary in-service education and training for the new appointees. Five per cent of the total nursing time was spent in staff education and conferences. The accompanying chart shows a breakdown of the time distribution of the public health nurses. The public health nurses participated in tuberculosis nursing and poliomyelitis

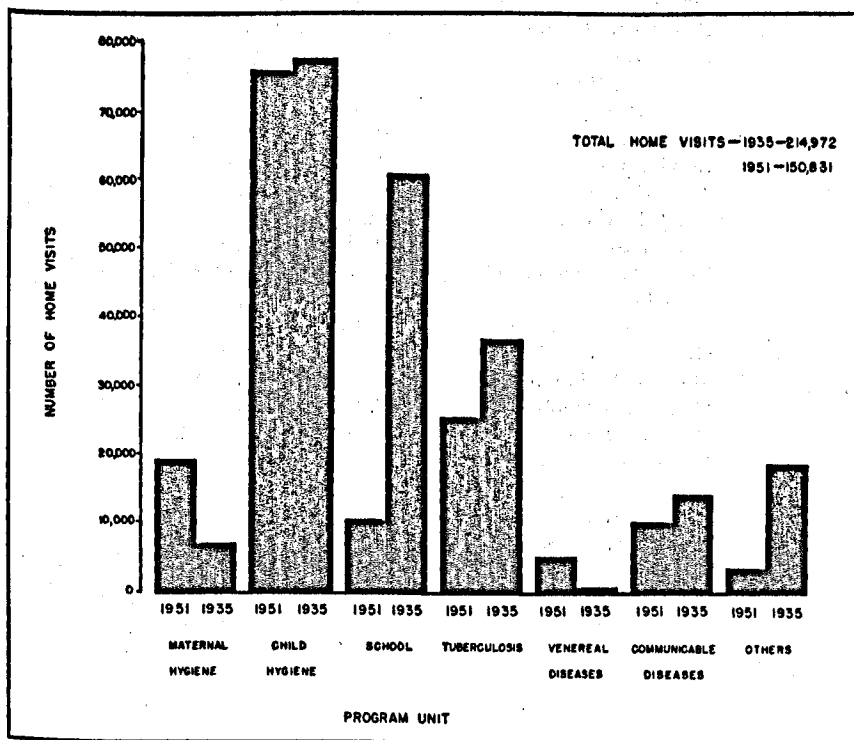
nursing institutes sponsored by the State nursing organizations and the particular official organizations concerned. The entire staff also attended classes in civil defense nursing on Parts I and II of the Civil Defense Nursing Manual. Educational programs were planned in the health districts and the Health Department nutritionist and the mental hygiene consultant assisted in the teaching and educational programs. Educational



DISTRIBUTION OF NURSING TIME BY
MAJOR TYPES OF ACTIVITIES—1951

funds were made available for one public health nurse, one acting supervisor, and a supervising nurse to continue their academic work in public health nursing. Nurses' aides were used in the venereal disease clinics to a total of 24 clinic sessions per week. They served as nonprofessional assistants and replaced public health nurse assistants. Fourteen nurses were trained as nurse-technicians and thirty public health nurses were given special preparation in interviewing techniques.

The chart shown below shows the changing emphasis in public health nursing programs over a period of fifteen years from 1935 to 1951 and illustrates the necessity for constant review and analysis of the nurses' work. Five basic schools of nursing sent to the Health Department thirty-six affiliate students for an eight-weeks orientation in public health nursing. A number of other schools of nursing sent students for clinic and school observations. An analysis of all of the student visits and time



DISTRIBUTION OF NURSING HOME VISITS BY PROGRAM—1951 AND 1935

showed that they made a total of 11,693 visits, of which more than 75 per cent were made in behalf of the maternal and child hygiene program. Thirty-nine per cent of their total time was spent in field visiting; 8 per cent in clinics; and 6 per cent in school work. Office time accounted for 24 per cent and class work, 23 per cent. The latter two figures are high because of the instruction program, observations, and reading that is required of each student. The students are considered an asset and a stimulus to the Bureau of Public Health Nursing program.

Personnel

Alice M. Sundberg, B.A., M.P.H., Director
M. Elizabeth Pickens, B.S., Assistant Director
M. Alice Caron, Supervisor of Public Health Nursing
Ethel G. Gluck, Supervisor of Public Health Nursing
Adelaide G. Smith, Supervisor of Public Health Nursing

Public Health Nurses

Marianne P. Aiau	S. Margaret King
Pauline K. Benfer	Elsa G. Kittel
Katherine Brady	Effie L. Lingner
Althea E. Busch	Beulah McCausland
Helen R. Carr	Winifred F. Moore
Doris M. Carter	Margaret R. Neubauer
Elevian Carter	Rose N. Pacunas
Alice E. Diver	Roberta Pinckard
Edith L. Enten	Ruth B. Pyle
Edna Faith	Doris Rodenhiser
Virgie M. Finneyfrock	Carolyn M. Shaffer
Cora Foster	Helen B. Sharpe
Kathryn S. Gairoard	Ruth Stoneham
Grace W. Gorski	Birdie M. Thearle
Marian B. Hagan	Violet B. Weber
Constance Jacobs	Helen L. Wells
Ruth K. Jones	Beatrice H. Wienhold
Lillian A. Kemp	Alva M. Williams

Selma Caplan, Senior Stenographer
Grace S. Eyler, Senior Stenographer

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SERVICE AND TYPE OF VISIT

SERVICE AND TYPE OF VISIT	ENTIRE CITY				WESTERN HEALTH DISTRICT		DRUID HEALTH DISTRICT		SOUTHEASTERN HEALTH DISTRICT		NORTHWESTERN HEALTH DISTRICT		NORTHEASTERN HEALTH DISTRICT						
	Total	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored						
All Home Visits.	150,881	74,398	76,483	77,233	23,440	15,262	8,638	281,291	120,114	6,065	2,716	8,518	5,910	11,081	422	9,301	4,063	7,657	2,104
Maternity Hygiene.....	18,865	2,670	16,195	1,175	6,915	3,401	555	210	5,830	670	435	145	780	55	50	55	365	20	265
Infant Health Supervision.....	53,955	32,305	21,650	2,845	5,635	5,365	2,575	406	8,875	2,960	835	450	1,635	5,060	120	4,825	200	5,050	640
Preschool Health Supervision.....	21,810	11,930	10,480	915	1,930	3,170	470	230	4,125	2,525	630	1,765	1,140	720	21	2,855	805	370	360
School Health Supervision.....	10,610	9,835	815	245	2,780	2,780	90	130	1,955	1,060	251	1,050	80	3,255	95	865	50	405	35
Tuberculosis.....	25,495	10,670	14,825	1,230	4,945	2,400	1,705	140	4,990	2,630	411	1,380	1,450	800	105	1,225	1,095	865	525
Veneral Disease.....	5,986	338	5,628	48	955	62	618	41	3,455	85	106	438	230	11	12	61	148	112	104
Acute Communicable Disease.....	10,290	4,905	5,385	615	2,655	865	420	60	1,330	980	225	340	400	875	20	760	230	410	105
Other Morbidity.....	2,450	1,590	870	80	410	255	55	25	135	420	30	200	40	280	..	205	155	115	45
All Others.....	1,330	745	585	35	150	35	30	5	185	435	5	140	155	25	..	20	35	50	25
Effective Visits.....	119,926	59,320	60,606	5,612	20,108	12,699	6,337	965	22,072	11,068	2,090	6,783	4,679	9,233	319	7,120	3,314	5,940	1,687
Maternity Hygiene.....	15,280	2,090	13,290	850	5,720	2,555	1,100	185	4,920	555	320	130	635	55	35	40	300	20	190
Infant Health Supervision.....	47,470	27,595	19,875	2,110	4,885	4,210	2,005	290	6,605	3,725	620	2,495	1,270	3,650	90	3,330	895	3,785	495
Preschool Health Supervision.....	17,185	9,220	7,915	695	1,620	2,675	405	165	2,900	2,045	450	1,425	875	645	15	1,050	700	780	305
School Health Supervision.....	9,800	9,085	715	230	1,930	2,570	75	125	1,855	865	201	1,010	75	3,055	85	840	50	390	35
Tuberculosis.....	20,050	8,330	11,720	1,010	3,985	1,765	1,260	100	3,645	2,115	320	1,100	1,110	1,065	85	895	905	890	430
Veneral Disease.....	4,101	215	3,886	32	718	34	432	15	2,302	58	65	28	174	8	9	35	109	5	77
Acute Communicable Disease.....	9,630	4,560	4,980	580	2,480	830	375	55	1,225	930	225	305	375	850	20	730	185	370	95
Other Morbidity.....	2,310	1,530	780	80	365	255	55	25	115	400	30	190	30	280	..	200	145	100	40
All Others.....	1,150	635	515	25	135	35	20	5	175	375	5	100	135	25	..	20	25	50	20
Maternity Hygiene Service	18,865	2,670	16,195	1,175	6,915	3,401	555	210	5,830	670	435	145	780	55	50	55	365	20	265
Health Department clinic case	3,600	330	3,270	70	1,165	20	235	..	1,030	190	195	20	325	5	35	20	185	5	100
Antepartum.....	3,045	255	2,790	125	1,490	5	105	15	820	60	70	35	190	..	..	5	50	10	65
Postpartum.....	3,505	615	2,890	335	1,620	155	535	5	555	45	25	40	85	25	..	10	60	..	10
Other clinic case	2,950	860	4,270	320	1,445	45	225	165	2,515	260	30	35	35	25	..	5	5	..	5
Antepartum.....	2,950	560	2,390	285	870	110	400	25	760	115	105	10	130	..	15	15	50	..	15
Postpartum.....	635	50	585	40	325	5	55	..	150	..	10	..	5	..	..	..	..	..	..
Home visit, not seen.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Visit in behalf of case.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Infant Health Supervision Service	53,955	32,305	21,650	2,845	5,635	5,365	2,575	450	8,875	2,960	835	450	1,635	5,060	120	4,825	200	5,050	640
All visits.....	21,820	13,510	8,010	1,220	1,970	1,990	835	160	3,660	1,950	290	1,275	665	2,320	40	2,580	355	2,845	205
Home visit, neonatal.....	480	75	405	15	65	10	45	..	230	20	5	10	45	5	..	5	10	5	5
Home visit, premature infant.....	10,905	3,600	7,305	635	2,575	1,160	1,020	80	2,445	815	290	535	455	105	15	210	315	160	200
Home visit, clinic infant.....	310	165	145	20	85	5	15	..	5	15	35	10	15	..	..	35	10	..	..
Home visit, other case.....	7,255	6,245	1,010	320	190	1,010	595	45	2,555	905	45	675	105	1,175	30	1,025	210	965	80
Home visit, diphtheria prevention.....	11,710	7,630	4,080	560	600	1,130	585	150	1,915	1,470	230	300	315	1,085	30	1,220	265	1,325	120
Home visit, not seen.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Visit in behalf of case.....	1,775	1,060	665	175	140	145	95	10	355	65	..	55	50	325	..	275	40	30	15

Gonorrhea	52	6	46	4	12	5	1	24	1	2	6	12	40	875	20	760	230	410	105
Delinquent patient follow-up.....	473	22	451	34	34	1	33	345	7	7	..	..	..	..	..	..	..	..	..
Epidemiological investigation.....	1,780	138	1,622	14	160	16	181	26	1,126	27	41	20	49	..	3	25	37	7	2
Home visit, not seen.....	125	5	120	2	77	2	..	..	..	..	..	..	7	..	..	1	..	..	..
Visit in behalf of case.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute Communicable Disease Service	10,290	4,905	5,385	615	2,655	865	420	60	1,330	980	225	340	400	875	20	760	230	410	105
All visits.....	130	60	70	5	10	20	..	..	25	10	5	15	10	5	..	..	5	5	15
Chickenpox.....	6,040	2,735	3,305	470	1,545	440	240	40	920	620	155	105	275	395	10	415	120	250	40
Whooping cough.....	720	320	400	25	220	95	30	5	130	55	..	10	10	25	..	90	10	15	..
Scarlet fever.....	570	450	120	10	90	80	..	..	20	75	..	25	10	130	..	85	..	45	..
Other.....	95	30	65	5	45	10	..	..	10	5	..	..	..	5	..	..	..	..	..
Home visit, suspect	165	130	35	..	..	35	10	5	10	..	..	15	10	60	..	10	..	5	..
Chickenpox.....	840	435	405	40	245	85	45	5	30	100	15	90	35	60	5	55	15	15	..
Whooping cough.....	60	50	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Mumps.....	150	125	25	..	15	10	..	..	25	..	..	..	..	90	..	..	..	5	5
Scarlet fever.....	40	30	10	..	10	10	..	..	10	..	..	..	..	15	..	..	..	..	..
Other.....	60	60	..	..	..	15	..	..	5	..	..	25	..	15	..	..	..	..	..
Home visit, contact	145	55	90	10	40	5	15	..	25	..	..	5	..	20	..	10	..	5	10
Measles.....	10	5	5	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping cough.....	55	15	40	..	..	..	20	..	..	..	..	..	..	..	..	..	10	15	..
Other.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Home visit, immunization	300	60	240	..	145	20	10	..	50	10	15	..	5	5	5	15	5	10	5
Measles.....	10	10	..	..	55	..	..	..	..	5	10	..	..	5	..	40	15	..	..
Diphtheria.....	45	15	30	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and whooping cough	65	25	40	15	35	..	..	..	5	..	25	..	..	..	..	..	..	..	..
Follow-up cases.....	510	205	305	25	130	30	45	..	95	45	..	30	20	25	..	15	5	35	10
Home visit, not seen.....	150	50	100	10	45	5	..	5	10	5	..	5	..	..	..	15	5	..	..
Visit in behalf of case.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Morbidity Service	2,450	1,580	870	80	410	255	65	25	135	420	30	200	40	280	..	205	155	115	45
All visits.....	485	225	260	15	120	20	5	..	85	170	10	5	5	10	..	5	20	6	15
Sore eye case.....	165	60	105	5	55	5	5	5	5	20	10	15	15	5	..	5	5	15	15
Infant.....	225	100	125	15	70	15	35	5	5	20	10	10	10	10	..	5	5	15	15
Preschool child.....	1,260	1,030	230	15	75	210	10	15	10	160	145	10	145	220	..	180	120	85	5
School child.....	165	105	60	25	45	5	5	..	10	25	15	..	..	35	..	..	..	..	..
Adult.....	110	40	70	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Mental hygiene.....	10	10	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Home visit, not seen.....	30	10	20	..	15	..	..	..	..	20	20	10	10	..	..	5	5	5	5
Visit in behalf of case.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
All Other Service	1,230	745	585	35	150	35	30	5	185	435	5	140	155	25	..	20	35	50	25
All visits.....	70	45	35	..	10	..	..	..	5	..	..	5	..	5	..	5	20	10	5
Sanitary investigation.....	900	520	360	20	80	30	10	5	150	355	5	75	135	10	..	5	..	20	..
Vital statistics investigation.....	120	55	65	5	30	5	..	..	15	15	..	5	..	10	..	10	5	20	15
Other visits.....	150	105	45	10	..	5	10	..	10	..	..	..	..	..	..	..	..	..	..
Medical care client visits	30	5	25	..	10	..	10	..	10	..	..	..	..	..	..	..	..	..	..
Tuberculin reading.....	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Nursing care.....	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Home visit, not seen.....	150	105	45	10	..	5	10	..	10	..	..	..	..	..	..	..	..	..	..
Visit in behalf of case.....	30	5	25	..	10	..	10	..	10	..	..	..	..	..	..	..	..	..	..

MEDICAL CARE SECTION

THE UNIVERSITY OF CHICAGO

MEDICAL CARE SECTION

J. Wilfrid Davis, M.D., M.P.H.

Director

During the year 1951 the number of persons assigned to the six medical care clinics at no time exceeded 22,000 except for June when an additional 1,004 persons were assigned which brought the total for that month to 23,004. These limits could not be exceeded because of financial restrictions and could not be reduced without violation of contracts between the Commissioner of Health and the hospitals which maintained medical care clinics. Obviously such rigid limitations made it difficult to operate the program in such a manner as to give first consideration to the best interests of the patients.

The number of persons under the Baltimore City Medical Care Program in 1951 as compared with the number of those on the rolls of the Department of Public Welfare of Baltimore City is shown in Table No. 1. In interpreting this table it should be borne in mind that, in accord with established policy, persons were carried on the Baltimore City Medical Care Program rolls for a terminal period averaging three months after they ceased to be recipients of public assistance. Therefore, in the first half of 1951 the mean number of persons who were eligible for medical care under the program but could not receive it because of lack of funds was 8,000; in the last half of the year the number of such persons was 6,000. Many of the persons excluded from the program were in need of medical care.

A waiting list was established for those who could not be brought under the program immediately after their certification by the Department of Public Welfare. This list gave priority in the following order:

1. Maryland county recipients of public assistance living in Baltimore.
2. Persons formerly registered under the Baltimore City Medical Care Program, subsequently removed from relief rolls, and later recertified by the Department of Public Welfare as being recipients of public assistance.
3. Persons who were certified formerly as being recipients of public assistance whose welfare status was terminated before they were assigned to any clinic for care, and who later were recertified by the Department of Public Welfare.
4. All others, not falling in any of the above three categories, in

chronological order by date of their certification by the Department of Public Welfare.

Through close cooperation with the Department of Public Welfare there has been careful comparison of the lists of those persons receiving public assistance and those on the Medical Care Program rolls. This has led to agreement as regards number of persons, their latest addresses and other pertinent data.

Revision of Contracts

During the first half of the year the original contracts between the Commissioner of Health and the six hospitals conducting medical care clinics were reviewed in the light of two years' experience. After conferences with hospital superintendents, directors of medical care clinics and others closely connected with the administration and financing of medical care clinics new contracts were prepared and after careful scrutiny duly signed. All six revised contracts went into effect July 1.

Most of the features of the old contracts were incorporated in the new agreements without change. However the revision released the hospitals from responsibility for persons who failed to register at a medical care clinic within three months of the date of assignment to the clinic and payment for such persons was discontinued. Also the new contracts provided that persons who die or move from Baltimore are promptly removed from the rolls of the program. Further it was agreed under the new contracts that the Commissioner of Health shall not be liable for any failure to comply with the terms of the contracts if sufficient funds are not appropriated or made available.

The Medical Care Section

On June 14 Mr. Charles A. Rittler was promoted from Senior Statistician to the newly created position of Assistant to the Director of the Medical Care Section. Otherwise there were few changes in the staff. In addition to the director and Mr. Rittler there were eight persons employed in the Medical Care Section—1 secretary-stenographer, 1 senior stenographer, 3 senior clerks, 1 statistical clerk and 2 keypunch operators.

Through the use of a system of easily visible records the Medical Care Section was prepared to supply very quickly the names and related data pertaining to all persons currently or at any previous time on the rolls of the program. This system was maintained chiefly to provide a means of avoiding duplication of services of the various hospital out-patient departments and those of the Medical Care Section. The cost of central administration was approximately \$2.05 per assigned person or 8 per cent of the total cost of the program.

Medical Care Clinics

Six medical care clinics were in operation throughout the year at the following hospitals:

MEDICAL CARE CLINIC	DIRECTOR
University of Maryland	Dr. Henry W. D. Holljes
Johns Hopkins	Dr. Harry L. Chant (resigned February 1, 1951)
	Dr. George W. Dana
South Baltimore General	Dr. Charles R. MacDonald (resigned May 31, 1951)
	Dr. Harry T. Wilson, Jr.
Sinai	Dr. Frank F. Furstenberg
Provident	Dr. C. Dudley Lee
Mercy	Dr. S. Edwin Muller

Changes in directors occurred at the Johns Hopkins Hospital and the South Baltimore General Hospital Medical Care Clinics. Dr. Chant resigned to become Assistant Director of The Johns Hopkins Hospital and Dr. MacDonald resigned in order to give all his time to private surgical practice. Each was succeeded by the assistant director of the clinic, Dr. Dana and Dr. Wilson, respectively. Expenditure for medical care clinic services continued to be at the rate of \$10.00 per assigned person per year.

Physicians

The number of private physicians participating in the program varied only slightly during the year. The largest number in any one quarter was 300; the smallest number 287. The largest number of persons assigned to any one physician was 924. Only 9 physicians had more than 500 persons on his Medical Care Program list.

Physicians participating in the program made no complaints about payments they received which were \$7.00 per referred person per year, paid quarterly in advance, or about unwarranted demands for their services. Quarterly reports from physicians indicated an average rate of two and one-half physician calls per person per year of which approximately 60 per cent were office calls, 30 per cent home calls during the day and 10 per cent night home calls.

Dental Service

At each hospital having a medical care clinic there was a dental clinic providing emergency dental services to persons under the City Medical Care Program who were referred to it by the director of the medical care clinic. This service was very limited and consisted of little more than the extraction of teeth for the alleviation of pain or the removal of infection.

For these dental services the hospital was paid at the rate of \$1.00 per year per assigned person.

Inadequacy of available funds early in the year indicated a probable necessity of discontinuing the Emergency Dental Treatment Service Program at the beginning of the calendar year 1952. However, because of a moderate drop in the expenditures for drugs, sufficient funds were available at the end of the year to permit continuation of this program.

Drugs and Supplies

During the year covered by this report payment was made for 92,467 prescriptions for persons under the Baltimore City Medical Care Program at a total cost of \$137,923.42. For this period the mean cost per prescription was \$1.49 and the mean cost per registered person year was reduced to \$6.72. Attached is a table giving information regarding drugs and medical supplies by months. The problems pertaining to the high cost of drugs were the subject of much study during the year in an effort to effect some reduction in expenditures.

Financial Statement

Throughout the entire year 1951 financial support of the Baltimore City Medical Care Program was inadequate. Earlier in this report it was shown that because of insufficient funds it was impossible to admit to the program all persons receiving assistance from the Baltimore City Department of Public Welfare. Also, lack of funds for administration had detrimental effects in that shortage of clerical personnel at times made impossible the prompt assignment of persons coming under the program and retarded the processing of notices to register. To an undetermined extent drug bills have been influenced because no clerical staff was available to check bills against the roster of persons eligible to receive drugs under the program. The rising prices of all materials and supplies necessary to the functioning of the Medical Care Section office was also very evident. Tables Nos. 5, 6 and 7 give detailed information regarding the financial aspects of the program during the year 1951.

Personnel

J. Wilfrid Davis, M.D., M.P.H., Director
Charles A. Rittler, B.S., Assistant to the Director
Lillian J. Dudderar, Secretary-Stenographer
Marian Kramer, Senior Clerk
Louise D. Rosenberger, Senior Clerk
Josephine Milner, B.S., Senior Clerk
Charlotte Morrison, Senior Stenographer
Dorothy Welsh, Statistical Clerk
Laura R. Schadler, Key punch Operator
Sophie Catterton, Key punch Operator

TABLE NO. 1

UNEMPLOYABLE PERSONS ON RELIEF ROLLS AND PERSONS RECEIVING MEDICAL CARE THROUGH THE BALTIMORE CITY MEDICAL CARE PROGRAM, ACCORDING TO MONTH*—1951

MONTH	NUMBER OF PERSONS ON RELIEF ROLLS	NUMBER OF PERSONS ASSIGNED TO MEDICAL CARE CLINICS
January.....	28,298	22,000
February.....	27,954	22,010
March.....	27,227	22,009
April.....	28,110	22,000
May.....	27,924	22,001
June.....	27,884	23,004
July.....	27,387	22,005
August.....	26,935	22,003
September.....	26,021	22,002
October.....	24,921	22,000
November.....	24,160	22,000
December.....	23,757	22,013

* Total shown indicates census at first of month.

TABLE NO. 2

PERSONS ASSIGNED ACCORDING TO MONTH* AND HOSPITAL—1951

MONTH	TOTAL	UNIVERSITY	JOHNS HOPKINS	SOUTH BALTO. GENERAL	SINAI	PROVIDENT	MERCY
January.....	22,000	4,606	9,308	2,385	1,389	2,385	1,927
February.....	22,010	4,606	9,308	2,385	1,389	2,385	1,937
March.....	22,009	4,606	9,307	2,385	1,389	2,385	1,937
April.....	22,000	4,611	9,314	2,383	1,390	2,376	1,926
May.....	22,001	4,613	9,314	2,383	1,390	2,376	1,925
June.....	23,004	4,614	10,000	2,500	1,390	2,500	2,000
July.....	22,005	4,092	9,868	2,458	1,149	2,465	1,973
August.....	22,003	4,100	9,878	2,458	1,147	2,458	1,968
September.....	22,002	4,100	9,874	2,456	1,147	2,457	1,968
October.....	22,000	4,051	9,894	2,473	1,130	2,473	1,979
November.....	22,000	4,051	9,894	2,473	1,130	2,473	1,979
December.....	22,013	4,051	9,907	2,473	1,130	2,473	1,979
Contract Minimum.....	22,000	4,000	10,000	2,500	1,000	2,500	2,000

* Total shown indicates census at first of month.

Note—Under contracts between the Commissioner of Health and the six hospitals conducting Medical Care Clinics, the minimum numbers of individuals to be assigned to the six hospitals having medical care clinics were as follows: University 4,000; Johns Hopkins 10,000; South Baltimore General 2,500; Sinai 1,000; Provident 2,500; Mercy 2,000. The total number of assignments guaranteed under contracts is 22,000.

TABLE NO. 3
PERSONS REGISTERED ACCORDING TO MONTH* AND HOSPITAL—1951

MONTH	TOTAL	PER CENT†	UNIVERSITY	JOHNS HOPKINS	SOUTH BALTO. GENERAL	SINAI	PROVIDENT	MERCY
January.....	20,343	92.5	4,600	8,180	2,323	1,350	1,991	1,899
February.....	20,565	93.4	4,604	8,319	2,343	1,363	2,026	1,910
March.....	20,935	95.1	4,606	8,591	2,357	1,366	2,101	1,914
April.....	21,219	96.5	4,606	8,774	2,364	1,376	2,181	1,918
May.....	21,368	97.1	4,606	8,859	2,372	1,385	2,226	1,920
June.....	21,534	93.6	4,617	8,949	2,386	1,386	2,264	1,932
July.....	18,669	84.8	4,090	7,820	1,958	1,142	2,022	1,637
August.....	19,412	88.2	4,092	8,242	2,099	1,145	2,126	1,708
September.....	20,159	91.6	4,092	8,652	2,231	1,149	2,232	1,803
October.....	20,430	92.9	4,051	8,878	2,250	1,130	2,288	1,833
November.....	20,875	94.9	4,051	9,135	2,311	1,131	2,379	1,868
December.....	21,277	96.7	4,054	9,361	2,381	1,132	2,439	1,910

* Total shown indicates mean number for each month.

† Represents percentage of assigned persons registered.

TABLE NO. 4
DRUG EXPENDITURES ACCORDING TO MONTH* AND NUMBER OF PERSONS REGISTERED—1951

MONTH	NUMBER OF PERSONS REGISTERED	NUMBER OF PRESCRIPTIONS	AMOUNT PAID FOR DRUGS	MEAN COST PER PRESCRIPTION	MEAN COST PER REGISTRANT	NUMBER OF PHARMACIES PAID
January.....	20,343	7,776	\$11,351	\$1.46	\$.56	210
February.....	20,565	7,551	11,297	1.50	.55	204
March.....	20,935	9,847	14,045	1.43	.67	226
April.....	21,219	7,929	11,504	1.45	.54	203
May.....	21,368	8,062	12,178	1.51	.57	206
June.....	21,534	8,084	11,973	1.48	.56	213
July.....	18,669	8,084	11,973	1.48	.64	213
August.....	19,412	6,005	9,334	1.55	.49	174
September.....	20,159	7,422	11,379	1.53	.56	199
October.....	20,430	7,905	12,014	1.52	.59	213
November.....	20,875	7,825	11,367	1.49	.54	191
December.....	21,277	6,177	9,506	1.54	.45	182

* Total shown indicates mean number of persons registered for each month.

TABLE NO. 5
TOTAL EXPENDITURES BY QUARTER AND TYPE OF SERVICE—1951

	HOSPITALS MEDICAL CARE*	HOSPITALS EMERGENCY DENTAL*	PHYSICIANS	PHARMACIES	ADMINIS- TRATION (STATE)	ADMINIS- TRATION (CITY)†
First Quarter.....	\$110,000.00	\$11,000.00	\$ 33,997.25	\$ 36,694.28	\$ 5,250.00	\$ 6,063.25
Second Quarter....	835.83	83.58	38,608.28	42,052.32	5,250.00	6,063.25
Third Quarter.....	55,000.00	5,500.00	31,135.42	26,289.31	5,250.00	6,063.25
Fourth Quarter....	55,000.00	5,500.00	39,208.50	32,887.51	5,250.00	6,063.25
	\$220,835.83	\$22,083.58	\$142,949.45	\$137,923.42	\$21,000.00	\$24,253.00

* Hospital payments in January were for half year periods; in July and October new contract relations were begun on a quarter-year payment basis.

† Contribution from City of Baltimore includes \$6,600 for IBM machine rental, office space, postage, telephone service, janitor service, transportation, elevator service, heat, light, water, power, etc.

TABLE NO. 6
DISTRIBUTION OF EXPENDITURES BY TYPE OF SERVICE AND SHOWING PROPORTION
OF EACH TYPE TO TOTAL EXPENDITURES—1951

	EXPENDITURE	PER CENT OF TOTAL
Hospitals, Medical Care.....	\$220,835.83	38.8
Hospitals, Emergency Dental.....	22,083.58	3.9
Physicians.....	142,949.45	25.1
Pharmacies.....	137,923.42	24.2
Administration*.....	45,253.00	8.0
	\$569,045.28	100.0

* Includes \$24,253 from City of Baltimore.

TABLE NO. 7
DISTRIBUTION OF EXPENDITURES BY TYPE OF SERVICE AND SHOWING AMOUNTS
PER PERSON ASSIGNED*—1951

	EXPENDITURE	EXPENDITURE PER PERSON ASSIGNED
Hospitals, Medical Care.....	\$220,835.83	\$10.00
Hospitals, Emergency Dental.....	22,083.58	1.00
Physicians.....	142,949.45	6.47
Pharmacies.....	137,923.42	6.25
Administration†.....	45,253.00	2.05
	\$569,045.28	\$25.77

* The mean number of persons assigned to the medical care clinics during the year was 22,083.

† Includes \$24,253 from City.

SANITARY SECTION

SANITARY SECTION

SANITARY SECTION

Wilmer H. Schulze, Phar.D.

Director

As a part of the Health Services in the City civil defense organization, the Sanitary Section was assigned the responsibility of developing a plan for a Division of Sanitation and Special Weapons Defense. The director was appointed as chief of these services which for convenience were subdivided into three groups: 1. Sanitation; 2. Food and Nutrition; and 3. Industrial Health, Chemical Defense and Radiological Defense, the latter limited only to what may be needed in the Medical Services. The Director of the Bureau of Environmental Hygiene, the Director of the Bureau of Food Control, and the Director of the Bureau of Industrial Hygiene were assigned the task of program planning for these respective subdivisions. All bureau directors and division chiefs of the Sanitary Section were designated as a committee for the development of these services and were given responsibilities in the program. Liaison was maintained with other closely related services by attending and participating in civil defense meetings of the Bureau of Water Supply, the Food Committee of the Emergency Welfare Services and the State Civil Defense Advisory Committee on Food and Sanitation. Cooperation was given the Emergency Welfare Services in the determination by inspection of the number of persons that could be housed and fed in buildings selected as emergency shelters. Members of the staff attended courses in radiological health and in atomic, biological and chemical warfare. Five dispersal centers were selected where sanitation personnel will assemble in the event of an emergency for necessary assignments. While a great deal of planning was done much remained to be accomplished toward integrating these services with the other Health Services and the City civil defense program. In addition a number of trained volunteers and considerable equipment are needed for an effective civil defense service in sanitation and special weapons defense.

A city-wide sanitation program never becomes static. Numerous studies were carried on during the year. Noteworthy among these were the following: A study of protective measures in connection with the increasing use of radioactive isotopes and the disposal of wastes therefrom; the occurrence of two cases of Haverhill fever (rat bite fever) associated with rat infestations; the use of Warfarin as a rodenticide; applications for the use of commercial types of garbage grinders; new types of dairy products and dairy equipment; a cyanide containing silver polish offered for

sale; the effectiveness of soaps containing hexachlorophene as a hand disinfectant for food handlers; formaldehyde exposures in connection with the storage of new men's clothing; protective measures for the handling of the relatively new insecticide parathion; a study of methods of sewage disposal for new building developments where connections to the sanitary sewerage system were not available; the occurrence of trichinosis from eating homemade raw pork sausage; industrial exposures to significant concentrations of benzene, toluene, and carbon tetrachloride; and the occurrence of brucellosis in slaughtering and meat packing plants and improvements in sanitation in slaughtering and meat processing establishments.

Atmospheric pollution control continued to be a perplexing problem during the year. The report of the Governor's Commission on Noxious Fumes prepared toward the close of 1950 was presented to the Governor and the General Assembly early in 1951 and urged, as in 1950, the provision of funds for necessary personnel and equipment for the State and City Health Departments to proceed with an atmospheric pollution control program. Again only \$10,000 was made available by the State and this was allotted to the State Department of Health. In order to approach the problem of control in Baltimore the City Health Department continued to stress the need for additional personnel and equipment. It was emphasized that the important function of the Bureau of Industrial Hygiene is to protect workers in industrial plants from occupational diseases and this effort should not be weakened by endeavoring to inaugurate a planned atmospheric pollution control program without added appropriations. As a start toward such a program provision was made in the budget for 1952 for four new positions in the Bureau of Industrial Hygiene.

Ordinance No. 1543, approved February 17, 1951, established a Housing Bureau in the City Health Department and provided for a director appointed by the Mayor to operate directly under the Commissioner of Health. The new bureau replaced the Office of Housing and Law Enforcement, formerly the Division of Housing in the Sanitary Section. As a step toward the control and prevention of lead poisoning in young children the Commissioner of Health, under the provisions of Section 118 of Article 12 of the Baltimore City Code of 1950, adopted a regulation which requires that any paint used for interior painting of dwellings must be free from any lead pigment. The Maryland Occupational Disease Law was changed to provide compensation for all types of diseases arising out of employment. Because of continuing violations of the Rooming House Ordinance the permit of an operator was revoked, and an unlicensed nursing home was closed because of insanitary conditions. The proposal to use a lake as a commercial swimming pool was disapproved. Hearings

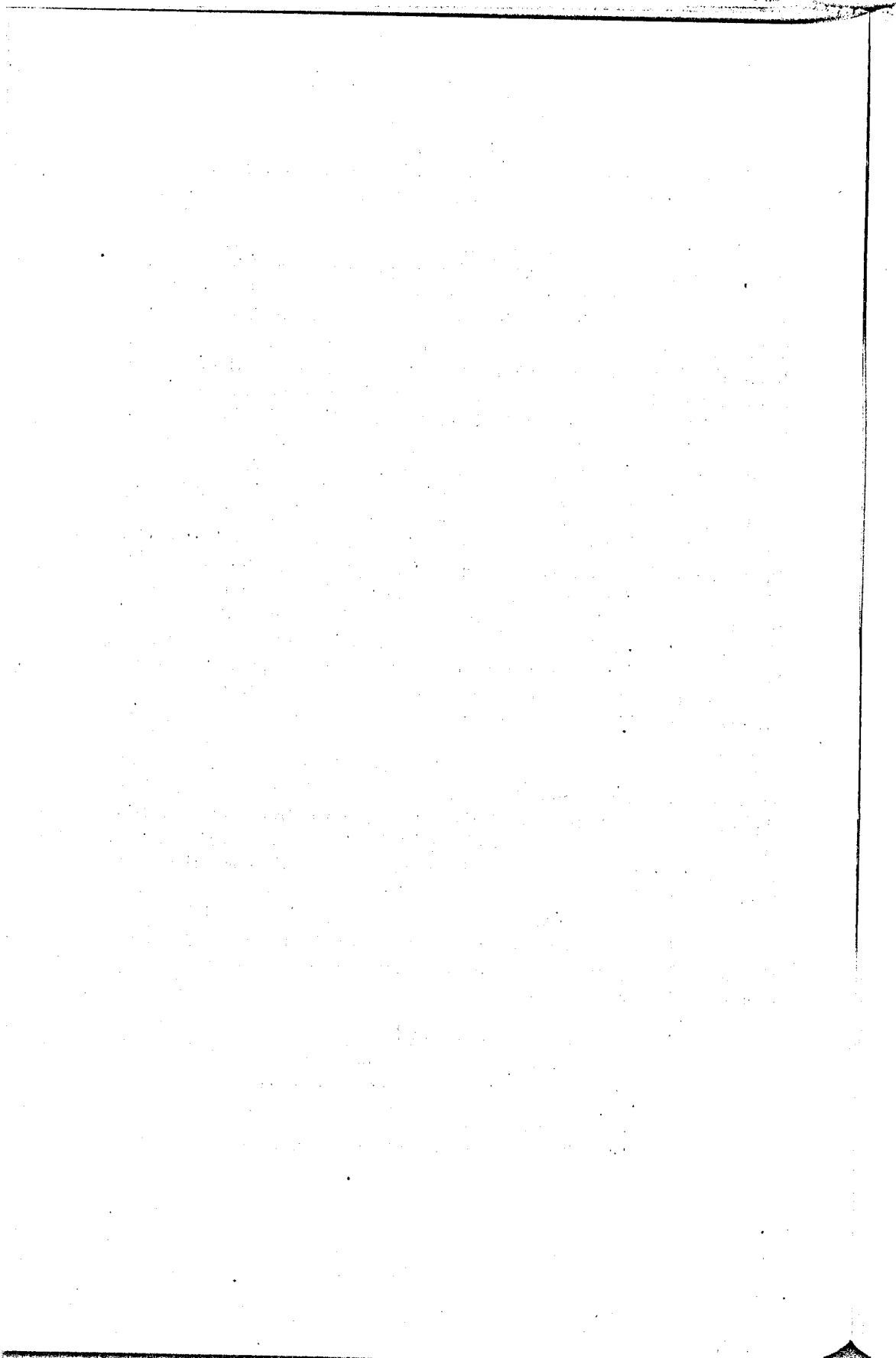
held in the office of the director included: Failures to correct atmospheric pollution, violations of the City Milk Code and violations of the Psittacosis Ordinance.

Assistance in sanitation problems was given to a number of official agencies as follows: The Bureau of Child Hygiene in the revision of regulations governing day nurseries and nursery schools; the Lexington Market Authority in formulating requirements for stall construction and installation of equipment in the new market; the Department of Parks and Recreation in posting signs warning of stream pollution, in the operation of the new public swimming pools and in the elimination of a public spring of doubtful sanitary quality; the Department of Education in the operation of swimming pools; the Grand Jury in its investigation of tavern sanitation; the U. S. Public Health Service in the supervision of watering points for interstate carriers, in the evaluation of the condition of housing in the Baltimore Plan Pilot Area and in the medical examination of a group of industrial workers for control purposes; the Department of Public Works in matters concerning the Gas Appliance Ordinance, sewage disposal and drainage problems; the Municipal Dog Shelter in matters pertaining to dog bites, sanitation and first aid to injured dogs; and to the Housing Authority in rodent control. Members of the staff participated in the Health Department radio and television programs, in the preparation of exhibits and in talks and demonstrations to various civic groups, to individuals and to visitors from other states and from foreign countries.

While it is difficult to evaluate the accomplishments in a city-wide sanitation program 23,971 environmental deficiencies were corrected by the Bureaus of Environmental Hygiene, Food Control, and Industrial Hygiene in 1951 as compared with 18,649 in 1950. In only 106 instances was it necessary to resort to legal procedures to obtain corrections. Acknowledgment is made for the continued interest and cooperation given by city, state and federal agencies and by nonofficial and civic groups without which many of the improvements in the field of sanitation mentioned in the reports of the bureau directors which follow would have been difficult to accomplish.

Personnel

Wilmer H. Schulze, Phar. D., Director
Margaret M. McDonough, Senior Stenographer
Katharine F. Losey, Senior Clerk
Jennie G. Moore, Senior Clerk
George P. Boteler, Municipal Exchange Operator



BUREAU OF MILK CONTROL

BUREAU OF MILK CONTROL

Ivan M. Marty

Director

The main efforts of the bureau were again directed toward rigorous safeguarding of the city milk supply. While long range educational programs for the improvement of milk and milk products sanitation were pursued, bureau activities centered chiefly around positive control of pasteurization efficiency and subsequent protection of the pasteurized products. More than 11,000 inspections were made including, as usual, daily visits to each of the milk pasteurization plants; and more than 8,000 samples were submitted by the inspection staff to the Bureau of Laboratories for bacteriologic and chemical examination. Mainly through the splendid cooperation of the milk and ice cream dealers many noteworthy improvements in buildings and equipment were accomplished. Ideas developed by staff members for improving structural or operational conditions were generally accepted by the industry enthusiastically and without delay.

Wartime shortages of labor and materials which presented serious problems to the dairy industry during World War II became increasingly apparent as the Korean conflict continued. The bureau inspection staff was again burdened by a rapid turnover of men in important milk plant positions and a very considerable amount of time was devoted to the inspection for approval of an unusually large volume of dairy equipment which apparently was purchased prematurely in order to avoid priorities, quotas and similar wartime government controls. Inasmuch as official Health Department approval of all new dairy equipment, buildings and processes is required by ordinance, exhaustive studies were conducted on numerous labor-saving devices and practices.

Although the Korean War noticeably affected the building situation, appreciable progress was made in the dairy farm construction program. It was necessary to cancel 101 dairy farm permits because of failure to comply with construction requirements; however, by the end of the year 34 per cent of the 2,624 permitted farms were in complete compliance with construction requirements and 41 per cent were between 75 and 100 per cent in compliance. In most cases the farmers who were excluded were small milk producers, but those farmers who agreed to make substantial expenditures in improvements usually increased the size of their herds. Consequently the total milk supply was not affected. In this connection

it is of interest that the average daily milk production per farm has increased from approximately 26 gallons in 1940 when the construction program was launched to 54 gallons in 1951.

Nevertheless the City, as did nearly all of the nation's larger cities, experienced the usual shortage of milk during the early fall months. While the necessary importation of approximately two and one-half million gallons of out-of-state emergency milk was roughly a half million gallons less than that required in the previous year, it was obvious that local as well as nation-wide production of high quality milk was inadequate.

Three increases in the retail selling price of milk raised the cost to an all-time high of 23½ cents per quart for the city. After the third increase a resolution requesting the Mayor to appoint a committee to investigate the price of milk to the consumer was passed by the City Council and the following committee was subsequently appointed:

Mr. Paul F. Due, *Chairman*

Dr. Huntington Williams

Dr. Robert H. Riley

Dr. Thomas B. Symons

Miss Anna Neary

Proponents of the resolution represented at the committee hearings included the Communist Party of Maryland, Women for Peace, and Women on the March. In general the results of the investigation indicated that milk prices in Baltimore were comparable to other eastern seaboard markets and not exorbitant.

Expansion of the milkshed, a trend noticeable during recent years, became more apparent when a large group of Anne Arundel County farmers in the vicinity of Annapolis requested a survey of their farms and instruction which would help them to meet the Baltimore requirements. Two of the city pasteurization plants began to receive a substantial part of their milk supplies from farms not included in the usual inspection area for Baltimore established by regulation, and should the trend persist a demand for enlargement of the area is to be expected.

The Sanitary Milk Production Contest conducted annually by the Bureau of Milk Control in the rural high schools on the Baltimore milkshed was won by the Delta High School of York County, Pennsylvania. This long range investment of the Health Department in milk sanitation has paid large dividends over the twenty-year period during which the contests have been held. Each year the wholesome influence of farmers, who themselves as high school students were trained for the competition, becomes more apparent among the producers of the city milk supply. This year's

contestants finished in the following order:

Delta	York County, Pennsylvania
Sparks	Baltimore County, Maryland
Thurmont	Frederick County, Maryland
Emmitsburg	Frederick County, Maryland
North Harford	Harford County, Maryland
Clarksville	Howard County, Maryland
Belair	Harford County, Maryland
Codorus	York County, Pennsylvania
Westminster	Carroll County, Maryland
New Freedom	York County, Pennsylvania

A review of the records of inspections made on dairy farms revealed the following facts which are indicative of dairy farming trends on the Baltimore milkshed: Ninety-six per cent of the farms were equipped with mechanical refrigeration compared to 87 per cent in 1950; 84 per cent were using milking machines compared to 77 per cent in the previous year; milking parlors in which cows are milked but not stabled were in use on sixty-one farms and many more are under construction. The average volume of milk produced on farms using milking parlors is approximately fifteen gallons per day higher than the average for all farms. Indications point toward more general use of this system with larger herds and greater production per farm.

Personnel

Ivan M. Marty, Director
 Robert F. Gaddis, Chief, Division of Dairy Farm Inspection
 Gullius D. D'Ambrogi, B.S., M.S., Chief, Division of Milk Plant Inspection
 Charles R. Brown, LL.B., Sanitarian
 Courtney C. Buck, Sanitarian
 Lemuel S. Cookman, B.S., Sanitarian
 Vernon L. Corey, Sanitarian
 Charles H. O'Donnell, Sanitarian
 Joseph N. Pohlhaus, B.S., Sanitarian
 Harry H. Shaffer, B.S., Sanitarian
 Viron Van Williams, B.S., Sanitarian
 Philip H. Strauss, Inspector-Food
 Marie R. Huppman, Senior Stenographer
 Lillian R. Wolman, Senior Stenographer

TABLE NO. 1
SUMMARY OF ACTIVITIES OF THE DAIRY FARM DIVISION
1951 AND 1950

Area of Baltimore milkshed..... 2,800 square miles (approximate)
Active shippers..... 2,624

ACTIVITIES	1951	1950
INSPECTIONS		
Total.....	5,393	5,498
Routine dairy farms.....	1,620	1,720
Special dairy farms.....	3,134	3,040
Applications.....	339	539
Receiving and by-products plants.....	293	178
Cream plants.....	7	21
OTHER ACTIVITIES		
Violation notices issued.....	1,144	1,409
Gallons of milk examined.....	3,000	5,251
Gallons of milk condemned.....	173	476
Permits issued.....	261	375
Permits cancelled.....	404	298
Producers' cans examined.....	16,005	27,241
SUSPENSIONS OF PERMITS		
Total.....	84	72
Department.....	7	21
Field.....	77	51

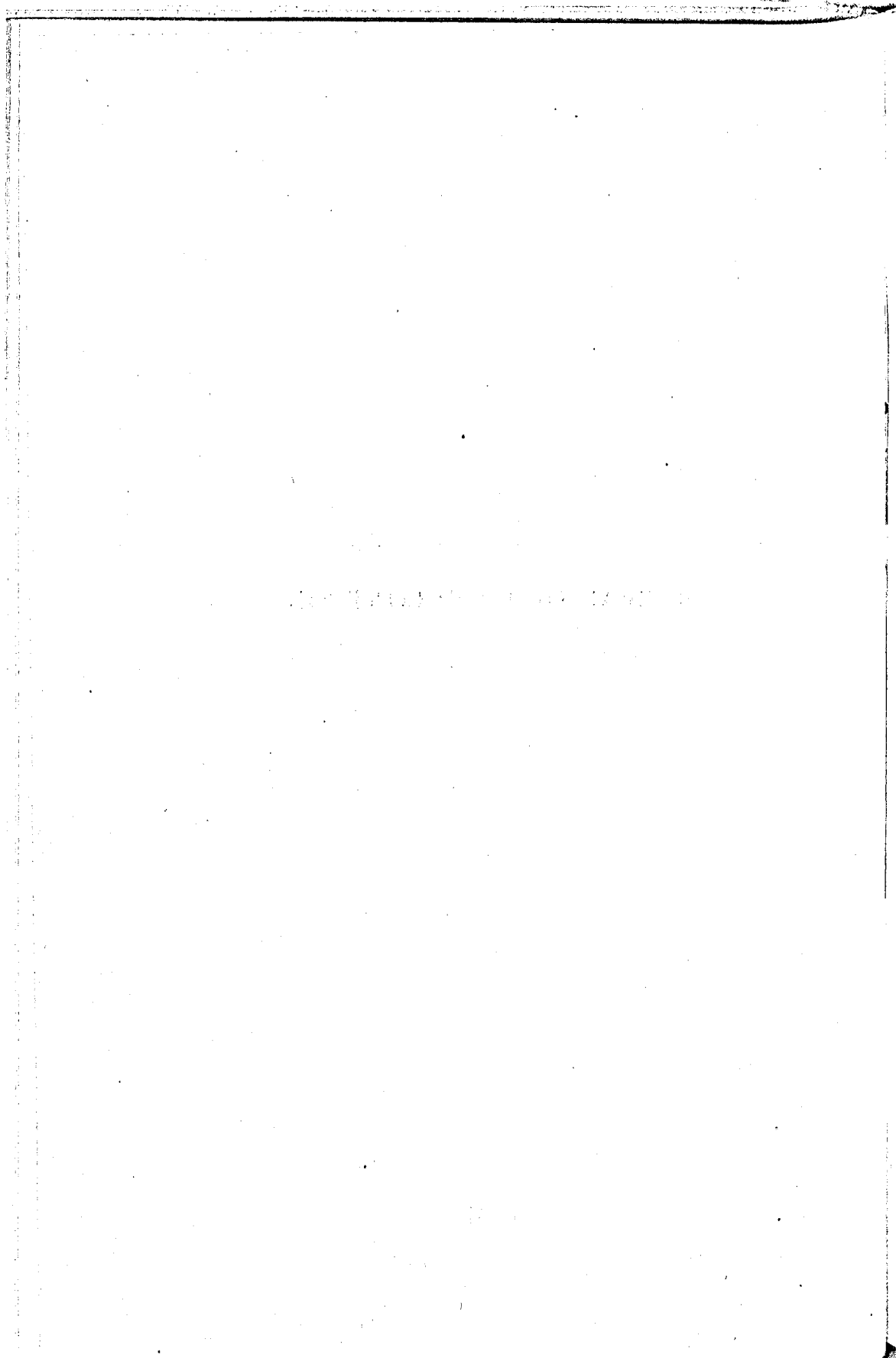
TABLE NO. 2
SUMMARY OF INSPECTIONS OF CITY MILK PLANTS—1951 AND 1950

TYPE OF PLANT	INSPECTIONS	AVERAGE NUMBER OF INSPECTIONS PER MONTH PER PLANT	CORRECTION NOTICES ISSUED
Milk plants			
1951.....	4,577	29.33	597
1950.....	4,747	30.00	605
Ice cream plants pasteurizing on premises			
1951.....	1,263	4.18	962
1950.....	1,305	4.38	973
Ice cream plants buying pasteurized ingredients			
1951.....	234	2.68	155
1950.....	300	2.67	225

TABLE NO. 3
SUMMARY OF MILK AND MILK PRODUCT SAMPLES COLLECTED—1951 AND 1950

TYPE OF SAMPLE	1951	1950
ALL SAMPLES.....	8,577	8,858
Milk.....	6,649	6,942
Cream.....	498	438
Ice cream.....	954	999
Ice cream mix, evaporated and condensed milk.....	83	69
Empty bottles.....	257	251
Water samples.....	14	12
Miscellaneous samples.....	122	147
Dairy products cans inspected.....	10,797	2,218

BUREAU OF FOOD CONTROL



BUREAU OF FOOD CONTROL

Ferdinand A. Korff, B.S.

Director

An all-inclusive program of food control embraces three essential phases; namely, guarding food from becoming contaminated, improving the general sanitary conditions of existing food establishments and educating the consumer in the selection of proper foods for good nutritional well-being. Throughout the year the Bureau of Food Control has worked steadily toward the accomplishment of these goals.

Guarding the food supply of the city during 1951 involved, exclusive of inspection activities of the Bureaus of Milk Control and Meat Inspection, a constant patrol of all of the four groups of food establishments—food manufacturing plants, wholesale food warehouses, retail food stores including eating and drinking establishments, and food departments of institutions such as hospitals, nursery schools and industrial cafeterias. The primary objective of this activity was to prevent illness caused by eating infected or contaminated food, and the low incidence of food-caused illness during the year indicated that progress had been made.

Raising of the sanitation levels of food establishments to higher planes was also accomplished through the continuation of inspection, instruction and a cooperative and regulatory program in which the employer and employee were made aware of the sanitary measures needed to improve the appearance of their establishment and at the same time prevent food from becoming contaminated. Sanitarians of the bureau, each carrying an assignment of approximately 900 establishments over which supervision must be maintained, were untiring in their efforts to effect corrections. While an increase in the number of regulatory proceedings was evident it is not an indication that the sanitary condition of food establishments grew worse; it does, however, reflect the alertness of the sanitarian to conditions which do not meet Health Department requirements. The Division of Chemistry in the Bureau of Laboratories worked closely with the bureau staff members on many investigations made during the year and which are described in the report of that division.

In line with educating the consumers in the proper selection of foods, the Chief of the Division of Nutrition carried on an educational program involving many individuals and groups. Constant liaison was maintained with members of the medical bureaus of the Health Department; educational seminars in nutrition were continued for nursing personnel; consultant services were offered in prenatal and well baby clinics and other

groups. Agencies engaged in teaching and bringing to the public basic nutritional information were also provided with a consultation service.

Food Establishment Inspection

Retail Food Establishments

The three categories of retail food establishments of which there are approximately 7,500 in the city—grocery, meat, fruit and vegetable stores; restaurants and taverns; and confectioneries including drug stores—were found to be operating under improved sanitary conditions. While restaurant operators particularly were evidently attempting to raise the sanitary levels of their establishments there was yet much to be desired before they would reach the standards of cleanliness that approach the ideal of a good sanitary food establishment. Restaurants operating under the ownership of Chinese proprietors were aided by the distribution of a handwashing poster printed in Chinese. These establishments were also supervised during the evening hours. The following table which covers a period of ten years gives the percentage of retail food establishments found satisfactory on the initial visit of the sanitarian. Decreases in the number of satisfactory establishments are attributed to the changing of Health Department requirements which aim always at improving the sanitary standards of these establishments.

PERCENTAGE OF RETAIL FOOD ESTABLISHMENTS FOUND TOTALLY SATISFACTORY UPON INSPECTION, 1942-1951

YEAR	PERCENTAGE OF ESTABLISHMENTS	YEAR	PERCENTAGE OF ESTABLISHMENTS
1951.....	44.0	1946.....	50.8
1950.....	48.6	1945.....	41.5
1949.....	43.8	1944.....	53.4
1948.....	34.2	1943.....	55.1
1947.....	46.2	1942.....	58.4

Self-inspection of individual retail stores of chain food establishments was urged and an amount approximating \$50,000 in salaries or services was estimated to have been expended in 1951 in self-inspection activities. It is anticipated that this type of work will be carried out on a larger scale in the future with the creation in 1952 of a Division of Food Plant Inspection whose function among others will be to stimulate self-inspection among food handler groups.

A greater percentage of food utensils was found to be free from excessive bacteria when compared with examination results over past years. The use of the quaternary ammonium compounds, which proved unsatisfactory as a bactericidal agent, was discouraged, and a special chlorine tablet was

prepared in cooperation with a local chemical manufacturer which made it easy for an operator in a drug store, tavern or restaurant to make up the 100 p.p.m. chlorine solution required by Health Department regulation. The following table gives the results of swabbings of food utensils obtained during the period 1942-1951:

NUMBER OF BACTERIA PER RIM OF GLASS

YEAR	NUM- BER OF SAM- PLES	UNDER 100		101 TO 500		501 TO 1000		1001 TO 10,000		OVER 10,000	
		Num- ber	Per cent	Num- ber	Per cent	Num- ber	Per cent	Num- ber	Per cent	Num- ber	Per cent
1951	1,008	437	43.3	142	14.1	88	8.8	200	19.8	141	14.0
1950	840	349	41.5	118	14.0	62	7.3	185	22.0	126	15.0
1949	1,547	625	40.4	250	16.1	117	7.6	414	27.0	141	9.0
1948	1,587	551	34.7	286	18.0	114	7.2	343	21.6	293	18.4
1947	659	248	37.6	122	18.5	32	4.8	117	17.7	140	21.2
1946	492	173	35.2	89	18.0	30	6.1	79	16.0	121	24.6
1945	356	73	20.5	60	16.8	19	5.3	70	19.7	134	37.6
1944	747	327	43.6	103	13.8	49	6.5	127	17.0	141	18.9
1943	445	202	45.4	97	21.8	26	5.8	59	13.2	61	13.7
1942	1,301	576	44.3	191	14.7	78	6.0	207	15.9	249	19.1

Increases were noted in the number of condemnations of food, violation notices issued, office hearings and legal prosecutions. The increase in the number of complaints was attributed to an energetic Grand Jury Sanitation Committee which concentrated its activities on night visits to taverns and restaurants.

The great mass of the field work of the bureau was carried out in retail food outlets particularly because of their large numbers and because of their existence in scattered areas. Two sanitarians were assigned to offices in the Southern and Southeastern Health Districts to facilitate inspection activities in those areas.

Wholesale Food Establishments

The bureau maintained periodic inspection activities over approximately 1,200 wholesale food establishments. Little difficulty was encountered among these particularly because a large percentage of the food handled is protected by sealed containers. Inspectors, however, maintained close surveillance over the possibility of rodent infestation of the premises, natural spoilage of food due to breakage of containers and the lack of refrigeration. Auctioneers and impounding sheds of railroads were visited regularly and more than seven tons of miscellaneous foods were condemned. In addition, following requests for examination of suspiciously contaminated food, personnel of the bureau condemned over 23 tons of miscellaneous food products and thus prevented this potential hazard

from entering channels of trade. In another instance sanitarians condemned 1,830 pounds of frozen dressed turkey which had spoiled because of a lack of refrigeration after a delay in transit from a Western state.

Manufacturing Food Establishments

Supervision of the 600 manufacturing food establishments in the city was entrusted to a single sanitarian who could devote all his efforts toward improving this type of establishment. This assignment consequently resulted in the accomplishment of several hundred basic improvements. Inspection activities were concentrated on approximately 400 bakeries which constitute the largest group of the manufacturing food establishments. Insect and rodent invasion were particular targets in the investigations, and samples from 237 plants were obtained specifically to determine whether or not filth from those pests was contaminating the food. While rat infestation appeared to be on the decrease there was a noticeable increase in the number of mice present in these establishments. Rodent control measures developed in cooperation with the Division of Rodent Control and recommendations for those food establishments included painting floors with a light colored paint a distance of 18 inches from the walls, elevating food at least 10 inches from the floor, relocating other equipment to lessen the possibility of contamination and closing off the passageways whereby rodents invade the premises. The application of these measures effectively eliminated rodents from the majority of these food plants. The manufacture of custard pastries increased during the year and the several illnesses which were reported were caused by improper reheating of this type of pastry. One offending bakery was ordered to discontinue operations and the manufacture of "bitters," an alcoholic beverage, was also prohibited when the product was found to have been prepared from insect-infested condiments.

Institutions and Miscellaneous Establishments

With the reorganization of the Bureau of Child Hygiene and the subsequent revision of the regulations for day nurseries and nursery schools which necessitated their more frequent supervision, and with the State Department of Health request that all hospitals and nursing and convalescent homes in the city which are licensed by the State be inspected by the City Health Department, it became necessary to assign one sanitarian full time to the inspection of the food departments of these institutions. Supervision was also maintained over food departments of private schools and colleges as well as public school and industrial cafeterias. Many of these complied with the sanitarian's recommendations that new

equipment be purchased and that existing equipment be relocated for easier cleaning. Inspection, education and cooperation continued to be the keynotes in obtaining corrections and improvements.

Cooperative Activities

Following an evaluation of food inspection activities in the city and stimulated by the interest of the Women's Civic League in this phase of public health work, the bureau recommended the creation of a Division of Food Plant Inspection whose responsibility in addition to general supervision of all types of food establishments would be to stimulate and improve self-inspection activities in the larger food establishments. This recommendation was approved and the salary for a chief of the new division was provided in the 1952 appropriations for the Health Department. During the year self-inspection activities in food plants accelerated and, as previously mentioned, resulted in a sum approximating \$50,000 being spent for salaries and consultation services within the industry for its own work in maintaining many establishments in a clean and sanitary condition. Manufacturers and distributors of food equipment followed the recommendations of Health Department representatives with regard to remodeling equipment and devising easy-to-clean food machinery. Food dispensing machines, baking equipment and soap dispensers were redesigned, and proprietors and managers became increasingly aware of the importance of locating machines away from walls and off the floors.

The various Grand Juries, through their Sanitation Committees, continued to direct attention to undesirable conditions in food handling establishments found during their investigations. All applications for establishing new food concerns continued to be referred to the Health Department from the Bureau of Buildings of the Department of Public Works; and likewise new and transfer applications of liquor license applicants continued to be referred by the Board of Liquor License Commissioners of Baltimore City. The bureau staff maintained close liaison with state and federal food control agencies through periodic meetings, and cooperation was given to the State Department of Health by urging the State Legislature to adopt laws governing ice cream, crab meat, meat and meat food products and frozen foods.

Education

The bureau continued with its food handler education program begun in 1940, and over the eleven year period more than 25,000 food handlers have been given instruction in sanitary food handling. The following table gives a tabulation of persons and groups who have participated in this

instruction during the past ten years:

NUMBER OF PERSONS AND GROUPS GIVEN INSTRUCTION

YEAR	NUMBER OF GROUPS	NUMBER OF PERSONS
1951.....	77	1,538
1950.....	68	2,129
1949.....	84	2,897
1948.....	41	1,717
1947.....	56	2,611
1946.....	38	2,305
1945.....	53	1,728
1944.....	118	3,625
1943.....	58	1,901
1942.....	29	600
Total.....	622	21,051

Elementary instruction in food handling procedures and techniques was given employed food handlers; the use of "flip-charts" proved quite helpful in these classes. Modified courses of instruction were given to other groups depending upon their special interests—the prevention of food poisoning for nurses and nurse supervisors and preventive maintenance for owners and managers of food establishments. Attendance at the regular food handlers course diminished during the year particularly because of the difficulty encountered by employers in permitting their food handlers to attend the classes. Classes were held for several lay groups, and staff members participated in three telecasts and two radio broadcasts. A poster stressing the importance of washing the hands after leaving the toilet and before handling food was made up, as above mentioned, in the Chinese language and distributed to restaurants employing food handlers of that nationality.

Regulation

In addition to the 29 successful court prosecutions of recalcitrant food establishment owners there were five suspensions of licenses of taverns by the Board of Liquor License Commissioners for Baltimore City; testimony in the latter instances was given by bureau staff members at hearings before the Board. Four food establishments were closed at the request of representatives of the bureau pending the accomplishment of clean-up activities, and 382 hearings of violators were held in the bureau office. Each hearing was followed up with a letter confirming the oral instructions which had been given. There is no doubt that court cases and hearings had salutary results in improving sanitary conditions and it is believed that they both act as deterrents in preventing others in the food industry from allowing their establishments to fall into lower hygienic levels. The

following table gives the number of prosecutions obtained in the local courts during the past nine years:

PROSECUTIONS IN COURT

YEAR	NUMBER OF CASES	RETAIL	OTHERS	TOTAL FINES
1951	29	26	3	\$4,335
1950	22	20	2	3,260
1949	13	12	1	1,100
1948	8	8	0	400
1947	16	12	4	850
1946	11	10	1	600
1945	23	22	1	1,100
1944	15	15	0	900
1943	8	8	0	400

The complete cooperation of the magistrate of the Housing Court was commendable. Brief summaries of some of the court cases follow:

1. After refusing to comply with the recommendations and advice of several bureau sanitarians a large restaurant owner, after a hearing within the bureau, still persisted in selling impure, rodent excreta-contaminated, food and failed to clean the bakery and kitchen of his establishment. In spite of several attempts on the part of friends to prevent regulatory action by the Health Department a fine of \$200 was imposed, \$100 of which was remitted. The publicity in the local press continued for several weeks.
2. A Negro grocer, after being warned on several occasions to clean his store thoroughly, was fined \$10 and costs; this individual was imprisoned for a period of time pending payment of the necessary fine.
3. Seven meat dealers were found to be illegally adulterating ground meat by adding sulfites to the meat. With the incriminating evidence supplied by the Bureau of Laboratories at hand, the court found all dealers guilty and fined them the maximum penalty for each offense. One of the dealers was a second offender during the year.
4. For failure to clean the kitchen of his restaurant and for having impure food in his possession, a restaurant owner was fined \$100 for each of the above mentioned offenses.

Of the twenty-nine court prosecutions, nine were restaurant owners, nineteen were grocers and meat dealers and one was a baker.

Special Activities

The following projects were carried out in addition to the routine inspection of food establishments.

1. Studies of G 11 (hexachlorophene) containing soaps were continued and indicated the superiority of this germicidal soap over ordinary soaps in freeing the hands of large numbers of bacterial flora.
2. A portable soap dispenser for use with liquid soaps was devised in

order to overcome criticism resulting from the recommendation that such dispenser be fastened to the walls of wash rooms.

3. A regular procedure for urging delinquent retail milk and retail meat permittees to obtain their permits more promptly was inaugurated.
4. The sale of a metal polish containing sodium cyanide was stopped in two large department stores through detention of the product and by publicity. This preparation was ordered taken from channels of trade because of the three-fold hazard—breathing in its poisonous fumes, the possibility of illness which could result from the cyanide entering open cuts, and the difficulty encountered in rinsing the chemical free from food equipment.
5. In cooperation with the U. S. Food and Drug Administration a search was made for the presence of a brand of cheese alleged to have been contaminated with the botulism organism.
6. A study of the qualities of china and plastic food utensils indicated that both of these utensils have their advantages and disadvantages.
7. The display of incompletely sterilized canned hams was stopped because of inadequate refrigeration of this product. The investigation was reported to the Meat Inspection Division of the U. S. Department of Agriculture which on a national scale, directed the processors of the product to take the necessary steps to instruct the retailers in the proper care of this highly perishable food.
8. The destruction of two city-owned retail markets by fire required several days in the supervision of the condemnation and salvage of fire- and water-damaged food. The incidents at the Belair and Cross Street Markets sensitized those who engaged in these salvaging operations to the need for collaborative efforts in holocausts of this kind, and particularly in relation to civil defense food control activities.

Food Poisoning

Twenty-two investigations of alleged food-poisoning outbreaks in Baltimore were made during the year only two of which were considered as actually caused by contaminated food. Brief summaries of the two outbreaks and a third out-of-city episode follow:

Outbreak No. 1. Disregarding Health Department recommendations that custard-filled pastries be reheated after being filled with custard, a local baker failed to reheat thoroughly several batches of éclairs on several consecutive days. During a seven-day period 12 persons residing in scattered areas became ill after eating the éclairs which were purchased from different retail outlets. A *Staphylococcus* was thought to be the cause of illness but samples of the pastry did not show the presence of this organism; later, however,

swabbings of the hands of the baker who filled the custard into the shells showed the presence of a toxin-producing *Staphylococcus*. The bakery was ordered to discontinue the manufacture of custard pastries.

Outbreak No. 2. Canned ham, partially cooked, was responsible for the illness of 12 persons after they had partaken of this meat and other foods. While no bacteriologic evidence was obtained by examination of a portion of the meat, the symptoms and epidemiologic investigation pointed to this food as the causative agent. Following this outbreak an urgent plea was made to the Meat Inspection Division of the U. S. Department of Agriculture to have packers warn their retailers to refrigerate all such hams adequately during storage. This warning was also issued by the bureau to owners of retail stores in the city.

Outbreak No. 3. Not included in the tabulation of outbreaks of food poisoning was an investigation of the aftermath of an outing held in a town 30 miles from Baltimore but attended by several hundred employees of a local insurance company. Potato salad caused the illness of 146 persons; this figure was determined by a statistical analysis of questionnaires filled out by all persons who attended the outing.

There were no fatalities in any of the three episodes.

A summary of the investigations of reported food-poisoning outbreaks since 1932 follows:

SUMMARY OF INVESTIGATIONS OF FOOD POISONING OUTBREAKS, 1932-1951

PERIOD	INVESTIGATIONS		OUTBREAKS ESTABLISHED		Public Eating Establishments Involved
	Number	Persons Involved	Number	Persons Ill	
1947-1951	101	785	26	607	3
1951	22	74	2	15	0
1950	23	176	6	152	2
1949	14	149	7	138	1
1948	19	223	8	199	0
1947	23	163	3	103	0
1942-1946	110	940	20	531	9
1937-1941	147	1,035	27	647	9
1932-1936	114	939	10	580	8

Food-borne Diseases

No case of tularemia was reported during the year. One shipment of 320 pounds of frozen Australian wild rabbits was condemned in a local chain store. Eight cases of trichinosis were reported and investigated. In each of these, investigation showed that the patients ate raw pork in one or more forms. Several cases of Weil's disease were also investigated; in two of the cases contact with rodent excreta was established.

Miscellaneous Activities

Civil defense activities involved the organization of food services under the Sanitation and Special Weapons branch of the Medical Service. Included among civil defense activities were the surveying and mapping of the large stocks of food as well as the food manufacturers in the city. Working with the Bureau of Environmental Hygiene the bureau inspected mass feeding centers for the Civil Defense Welfare Services, particularly in connection with food-preparing and feeding facilities. A search was made for auxiliary water supplies and these were plotted on spot maps. Personnel of the bureau were given instruction by representatives of the U. S. Food and Drug Administration in reclaiming and decontaminating food supplies in the event of an atomic attack.

On May 22 and 23 the director attended a meeting of the Central Atlantic States Association of Food and Drug Officials in Philadelphia, Pa., and during the latter part of the year for a period of six weeks became Acting Director of the Sanitary Section during the illness of its director, Dr. Wilmer H. Schulze.

Among the visitors interested in studying the activities of the bureau who conferred with the director were public health officials from Austria, Brazil, Chile and Japan.

Division of Nutrition

The Division of Nutrition provided, both for the Health Department and the community which it serves, a variety of services designed to integrate nutrition education into all health activities. Since adequate nutrition is one of the key facets of better public health for all age groups, the activities of the division have been aimed at education of the public toward wiser use of the available foods. Nutrition services included in-service training of Health Department personnel, participation in radio and television shows, promotion of nutrition education in the elementary public and parochial schools, preparation and procurement of printed and visual aid materials, consultation on food service problems in day nurseries and nursery schools licensed by the Health Department, and participation in the civil defense activities of the Food Committee of the Welfare Service.

In-service training included monthly staff conferences for the public health nurses in their respective districts. These conferences included discussions of prenatal nutrition, infant feeding, budget planning, diabetes control, diet in atherosclerosis and hypertension, the school lunch program and other aspects of the nutrition of the school child, menu planning and program planning. By assisting the public health nurse in understanding the basic elements of good nutrition it is possible to spread the informa-

tion over a large segment of the population. Public health nutrition was discussed with five groups of student nurses during their training period with the Health Department, and with two groups of hospital student nurses at the Johns Hopkins Hospital and the University of Maryland Hospital. In these hospital groups the nutritionist was one of a group of public health personnel who presented their particular specialty in a series of classes on public health. Individual conferences with more than a hundred staff nurses included reviewing food problems of specific families and individuals, assistance in planning programs for their schools, organizing materials for bulletin boards and displays, and solving individual nutrition problems. Home visits were made to demonstrate to the nurses the integration of nutrition information into the everyday teaching of families. For new staff nurses in the Bureau of Public Health Nursing the nutritionist planned several periods of orientation in public health nutrition. Group instruction in prenatal, well baby and chest clinics was used to assist the clinic nurse in giving more adequate information in these fields. The division chief met with the supervising nurses of the Department as a means of learning more about nursing activities so that she could be better informed and better able to relate her work to that of the public health nurses.

Early in the year the nutritionist and the Director of the Sanitary Section presented a discussion of civil defense for the Maryland Dietetic Association—a group of technically trained women who will be vitally necessary in the functioning of emergency mass feeding activities. The nutritionist was active in planning and conducting a workshop on Mass Feeding in Civil Defense for food service personnel. Representing the medical services of the Health Services Committee, she also functioned as a consultant to the Food Committee of the Baltimore Emergency Welfare Services.

Assistance was given in writing the radio scripts for three of the Health Department "Keeping Well" series and an active part was taken in two Health Department television shows. The nutritionist also presented two radio programs, "Healthful Eating versus Fads" on WCAO and "Care of Food in the Home" on WBMD; she also participated in a Weight Control discussion on WMAR-TV, and a recruitment program for dietitians and nutritionists on WBAL-TV.

Promotion of nutrition activities in the schools of Baltimore was encouraged through the school nurses. Teachers were given assistance in the integration of nutrition in their existing classroom activities. Breakfast projects were planned in several schools. Principals were given assistance in making plans to promote better utilization of their school lunch facilities. Talks were given to teacher groups, Parent-Teacher Associa-

tions, parent education classes and groups of elementary school children. Exhibits were made available to give specific emphasis on adequate feeding.

Consultation service concerning foods was given to the operators of day nurseries and nursery schools licensed by the City Health Department. Assistance was usually needed in menu planning, food purchasing, food preparation and in the encouragement of improving eating habits among the children. Attempts were made to confer with each new applicant before food service plans had been established. The majority of these discussions were office conferences. Visits were made to the day nurseries. Child feeding problems were discussed with one group of parents who requested help in methods of improving the eating habits of their children.

An attempt was made to start a nutrition advisory service in the Southern Health District. It was planned that the nutritionist would be available at regular intervals to see patients referred by the public health nurse. The number of patients has been small but a service of this sort has to become very familiar to both staff and community to be used to its fullest extent.

The camp director for the Baltimore Area Boy Scouts requested a revision of the camp menus previously prepared by the nutritionist. This revision was necessary because of rising food costs and the problems of selection among available foods. This material included menus, planned with the idea that the boys, in groups of 16 to 20, will prepare the food, recipes, and suggestions for the quantities to be drawn from the camp commissary.

The Division of Nutrition continued to provide field experience for graduate students in public health nutrition. During the year, one student each from Western Reserve University, the School of Public Health at the University of Michigan, Simmons College and the Harvard School of Public Health participated in and observed the activities of the division as it functions as a part of the Baltimore City Health Department.

Approximately 30,000 pieces of nutrition education materials were distributed in 1951. An exhibit based on the pamphlet, "What Does Your Family Eat?", was displayed at the Governor's Safety and Health Conference. "Eat Breakfast Every Morning" was used in two schools. Posters concerning Christmas "goodies" were displayed in two health districts. A local newspaper carried a series of three articles on nutrition and economical food purchasing which resulted from an interview with the division chief by one of the newspaper's feature writers. Articles were written for the bulletins published by the Maryland Restaurant Association, the Maryland Dietetic Association, and the Baltimore Section of the Maryland Home Economics Association. The nutritionist assisted the Home Demonstration Agent for Baltimore City in planning the nutrition units for her

homemakers clubs. Guidance was given the Home Economists with the Gas and Electric Company in incorporating sound principles of nutrition in their food demonstrations.

For a city such as Baltimore, the Division of Nutrition should include at least eight nutritionists. Of necessity, the majority of activities of one nutritionist in such a population group must be of the consultant type. The following table shows the direct service rendered to the community during 1949-1951:

DIRECT NUTRITION SERVICES—1951

	NUMBER OF SESSIONS			TOTAL NUMBER OF PERSONS		
	1951	1950	1949	1951	1950	1949
IN-SERVICE TRAINING	144	194	69	560	1,332	717
Nurses Group Conferences.....	21	60	39	380	1,028	622
Student Nurses Groups.....	5	7	6	40	108	71
Orientation of New Staff Nurses.....	7	..	..	43	..	..
Individual Nurses Conferences.....	105	119	..	105	119	..
Demonstration Home Visits.....	6	6	24	6	6	24
Other Health Department Personnel..	..	2	..	..	71	..
CLINIC INSTRUCTION	5	18	43	84	420	770
Prenatal (group).....	2	7	16	23	174	302
Prenatal (individual).....	..	..	..	..	2	5
Well baby (group).....	1	..	16	24	..	242
Chest (group).....	2	11	11	31	244	212
Chest (individual).....	..	..	..	..	..	9
Other Individual Consultations.....	..	..	..	6	..	..
SCHOOLS	12	34	36	715	1,999	2,792
Parent Groups.....	10	16	18	595	533	669
Elementary Students.....	1	11	9	85	961	1,685
Parochial Students.....	..	3	5	..	430	355
Teacher Groups.....	1	4	4	35	75	83
OTHER ACTIVITIES	36	54	18	30,180	33,240	10,869
Community Meetings.....	4	8	7	373	650	430
Food Handlers Classes.....	..	1	3	..	11	121
Guest Instruction—College.....	..	1	2	..	7	18
Consultation to Small Institutions						
Office Conferences.....	14	5	..	14	5	..
Visits to Nurseries.....	3	8	..	3	8	..
Nutrition Discussions for Parents	1	2	..	25	48	..
Radio Programs.....	2	2	3	10,200	8,000	7,000
TV Programs.....	3	2	3	15,500	14,000	3,300
Exhibits and Displays.....	5	8	..	3,500	10,000	..
Movies.....	4	13	..	565	511	..

The nutritionist attended the 34th annual meeting of the American Dietetic Association held in Cleveland, Ohio, and the nutrition symposium

honoring Dr. E. V. McCollum at the Johns Hopkins School of Hygiene and Public Health.

As a means of cooperating with other Baltimore agencies interested in nutrition education, the nutritionist was a member of the following committees: Chairman, Baltimore Nutrition Committee; Food Committee, Emergency Welfare Services, Baltimore Civil Defense; Civil Defense Committee, Maryland Dietetic Association; Baltimore Low Cost Budget Committee; Nutrition Advisory Committee, Baltimore Chapter, American Red Cross; Community Nutrition Section, Maryland Dietetic Association; Maryland Nutrition Committee; Nutrition Education Committee, Baltimore Department of Education; and the School Health Council. The nutritionist served as President and Chairman of the Executive Board of the Maryland Dietetic Association and cabinet member of the Maryland Home Economics Association. The division chief met regularly with the nutritionists in the Maryland State Department of Health so that each would be informed of the other's activities.

Nutrition has a relationship to many of the major public health problems of the present day. Nutrition information must be made available to all age groups—with emphasis on the problems arising from our aging population. Nutrition education must be a continuous function to be effective. To be a continuous function it is necessary that nutrition be given emphasis in all activities of the Health Department so that its influence may be reflected in improved health and better living in the community.

Personnel

Ferdinand A. Korff, B.S., Director
Eleanor L. McKnight, B.S., M.S., Chief, Division of Nutrition
Jacque G. Ayd, A.B., LL.B., Sanitarian
James H. Edwards, Sanitarian
William W. Fox, B.S., Sanitarian
Benjamin Ginsberg, Ph.G., Sanitarian
Bernard J. Lingeman, Sanitarian
William K. Marsh, Jr., LL.B., Sanitarian
John J. Neunan, Sanitarian
James M. Lumpkin, B.A., Sanitarian
Abraham Shecter, Sanitarian
Herman L. Sodie, B.S., Sanitarian
Robert M. Williar, Sanitarian
Etta Levin, Senior Stenographer
Julia Dalrymple, Senior Stenographer
Cecile D. Carpenter, Senior Clerk

TABLE NO. 1
INSPECTIONS OF RETAIL, WHOLESALE AND MANUFACTURING AND MISCELLANEOUS
FOOD ESTABLISHMENTS, 1951 AND 1950

INSPECTIONS AND ACTIVITIES	1951	1950
Total Inspections—All Establishments.....	18,749	20,299
RETAIL ESTABLISHMENTS		
Inspections.....	11,368	11,373
Initial inspections.....	3,506	4,452
Special inspections.....	5,094	4,861
Reinspections.....	2,768	2,060
Activities.....		
Violation notices issued.....	360	273
Number of condemnations of food.....	203	172
Hearings within bureau.....	248	195
Samples of food obtained for examination.....	306	1,085
Field tests by inspectors.....	1,109	1,635
Complaints received and investigated.....	1,030	901
Prosecutions.....	29	22
MANUFACTURING ESTABLISHMENTS		
Inspections.....	1,131	3,729
Activities.....		
Violation notices issued.....	85	68
Number of condemnations of food.....	22	11
Hearings within bureau.....	57	40
Samples of food obtained for examination.....	442	266
WHOLESALE ESTABLISHMENTS		
Inspections.....	738	909
Activities.....		
Violation notices issued.....	8	4
Number of condemnations of food.....	51	55
Hearings within bureau.....	7	2
Samples of food obtained for examination.....	17	15
MARKET STALLS AND MISCELLANEOUS ESTABLISHMENTS		
Inspections.....	5,512	4,294
Market stalls.....	3,127	1,908
Institutions.....	481	475
Miscellaneous.....	1,904	1,911

TABLE NO. 2
POUNDS OF FOOD CONDEMNED IN WHOLESALE, MANUFACTURING AND RETAIL FOOD
ESTABLISHMENTS, 1951 AND 1950

TYPE OF FOOD	TOTAL	FOUND BY INSPECTIONS	REQUESTED FOR DECISION
1951			
ALL TYPES OF FOOD	146,990	36,562	110,428*
WHOLESALE FOOD ESTABLISHMENTS			
All types of food	111,147	15,895	95,252
Vegetables and fruit .....	..	..	..
Meats	356	257	99
Seafood	2,737	174	2,563
Poultry and game	1,919	..	1,919
Groceries, canned and bottled goods	23,808	8,332	15,476
Baking supplies, nuts and candies	82,327	7,132	75,195
MANUFACTURING FOOD ESTABLISHMENTS			
All types of food	23,146	12,110	11,036
Vegetables and fruit	8	8	..
Groceries, canned and bottled goods	3,572	3,572	..
Baking supplies, nuts and candies	19,566	8,530	11,036
RETAIL FOOD ESTABLISHMENTS			
All types of food	12,697	8,557	4,140
Vegetables and fruit	368	368	..
Meats	613	613	..
Seafood	386	386	..
Groceries, canned and bottled goods	10,163	6,073	4,090
Baking supplies, nuts and candies	457	407	50
Milk and dairy products	698	698	..
Poultry and game	12	12	..
1950			
ALL TYPES OF FOOD	102,924	35,533	67,391†
WHOLESALE FOOD ESTABLISHMENTS			
All types of food	95,364	31,773	63,591
Vegetables and fruit	50,237	..	50,237
Meats	751	30	721
Seafood	3,971	..	3,971
Poultry and game	22,992	21,260	1,732
Groceries, canned and bottled goods	15,883	10,409	5,474
Baking supplies, nuts and candies	1,530	74	1,456
MANUFACTURING FOOD ESTABLISHMENTS			
All types of food	970	970	..
Vegetables and fruit	25	25	..
Groceries, canned and bottled goods	373	373	..
Baking supplies, nuts and candies	572	572	..
RETAIL FOOD ESTABLISHMENTS			
All types of food	6,590	2,790	3,800
Vegetables and fruit	16	16	..
Meats	323	323	..
Seafood	350	219	131
Groceries, canned and bottled goods	5,121	1,452	3,669
Baking supplies, nuts and candies	168	168	..
Milk and dairy products	343	343	..
Poultry and game	269	269	..

* Includes 93,402 pounds damaged at fires.

† Includes 7,488 pounds damaged at fires.

TABLE NO. 3
DISTRIBUTION OF INSPECTIONS OF WHOLESALE AND MANUFACTURING FOOD
ESTABLISHMENTS ACCORDING TO TYPE OF ESTABLISHMENT, 1951 AND 1950

TYPE OF ESTABLISHMENT	NUMBER OF ESTABLISH- MENTS IN CITY 1951	NUMBER OF INSPECTIONS	
		1951	1950
Total	6,040	7,091	6,230
Wholesale and distributing establishments	1,524	738	656
Hucksters and loaded trucks	400*	32	32
Commission merchant houses	132	270	181
Wholesale groceries and warehouses	54	113	53
Candy jobbing houses	50	27	12
Wharves	3	19	..
Butter and egg distributing and breaking plants	14	15	4
Auction houses	10	3	6
Cold storage houses	5	2	2
Railroad terminals	6	16	39
Wine and liquor establishments	350	198	301
Snowball establishments	500	44	28
Manufacturing food establishments	916	1,131	1,280
Bakeries	413	749	740
Poultry killing—wholesale and retail	228	160	195
Candy manufacturing plants	65	67	42
Oyster packing plants	40	10	19
Soft drink bottling plants	29	12	34
Pickling plants	22	19	48
Canning plants	16	12	9
Salad manufacturing plants	18	18	19
Noodle and potato chip plants	10	10	5
Codfish cake manufacturing plants	6	23	23
Extract bottling plants	40	19	12
Ice cream cone plants	3	7	..
Caterers and sandwich manufacturing plants	26	24	134
Market stalls	2,400	3,127	1,908
Others, homes, hospitals and so forth	1,200	2,385	2,386

* Approximate figure.

BUREAU OF MEAT INSPECTION

BUREAU OF MEAT INSPECTION

William J. Gallagher, D.V.M.

Director

The provisions of the Meat Ordinance require that all meat sold in the City of Baltimore must be from plants maintained either under federal or municipal inspection. In 1951, as in previous years, ante- and post-mortem inspection was made on all cattle, sheep, calves, swine and goats in thirty-two slaughtering plants, three of which were located in adjacent counties. The examination of animals before and after slaughter, the condemnation of diseased animals and parts and the sanitary inspection of the plants were carried on by the veterinarians. Daily supervision was maintained in ninety-four meat food product plants and processing plants by the City Health Department meat inspectors.

During the year, 34,000 inspection visits were made; 219,559 animals were inspected as compared with 232,070 animals in 1950; 431 whole carcasses were condemned in 1951 as compared with 334 carcasses in 1950. Parts and pounds of carcasses condemned because of disease or undesirable conditions are shown in Tables Nos. 1 and 2. Five appeals were received from packers following the condemnation of carcasses by veterinarians of the bureau, and the decisions of the veterinarians were upheld in all cases.

The slaughtering of cattle reacting to tuberculosis and Bang's disease was continued by the bureau upon authorization of various state and federal agencies. Sixty-five cattle which reacted to Bang's disease were inspected and permitted to be sold for food. Due to a shortage of veterinarians, lay inspectors were assigned to assist the veterinarians in the slaughterhouses.

During the year, 10,056 pounds of diseased or contaminated meat were condemned on reinspection as compared with 37,142 pounds in 1950. A manufacturing plant on North Avenue had 4,153 pounds of meat condemned due to a leak in a faulty ammonia tank. On two different occasions inspectors were called to the Baltimore and Ohio Railroad Station to inspect meat which was shipped in from out of state; one shipment of twenty-nine pounds of decomposed fresh sausage was condemned; another shipment of 2,900 pounds of meat in broken cases was found to be in good order upon reinspection and was passed as edible food. Twelve hundred pounds of frozen meat in one manufacturing plant was reported to be noninspected. This meat was thawed out and upon inspection was found to have

been previously inspected by federal government officials. The meat was promptly released by the Department.

During the year a packing company completed a new sewerage system; previous to this time a cesspool had been used. A second packing company completed improvements consisting of new walls, floors and equipment in its sausage room. Two new manufacturing plants were granted licenses during the year. Other activities carried on by the bureau consisted of lending assistance at the Sanitary Section permit desk and supervising sanitary conditions at the Municipal Dog Shelter.

On January 28, 1951 the Health Department lost a devoted worker in the death of Dr. Charles D. Skippon who had been connected with the Bureau of Meat Inspection for twenty-three years. The bureau was unable during the year to fill veterinarian vacancies and at the end of the year still carried two emergency appointments.

The following is a brief summary of the routine activities of the bureau during the year:

ESTABLISHMENT	NUMBER	INSPECTIONS
Slaughterers, under permit, in city	29	2,435
Slaughterers, under permit, in county	3	265
Manufacturers, under permit, in city	90	25,290
Manufacturers, under permit, in county	4	700
Wholesalers, under permit	117	5,615
Wholesalers—route trucks	48	
		34,305

Personnel

William J. Gallagher, D.V.M., Director
 Franklin C. Herndon, D.V.S., Veterinarian
 Kostas Kanauka, D.V.M., Veterinarian
 Edward J. Moylan, D.V.M., Veterinarian
 Edward P. Roberts, D.V.M., Veterinarian
 John R. Saunders, D.V.M., Veterinarian
 Eddie P. Yager, D.V.M., Veterinarian

Inspectors—Meat

Matthew N. Bean	Charles A. Ray
Elmer Frederick	Ernest H. Smith
Henry A. Miller	Adolph Staub
Thomas J. Morris	Lawrence Stettmeier
Philip A. Ottenritter	Adolph Wobbeking, Jr.

Marie E. Cerney, Senior Stenographer

TABLE NO. 1

LIVESTOCK INSPECTED, CONDEMNATION OF ANIMALS, PRIMAL AND EDIBLE PARTS

YEAR	CATTLE			CALVES			SHEEP			SWINE			GOATS		
	Inspected	Con-demned		Inspected	Con-demned		Inspected	Con-demned		Inspected	Con-demned		Inspected	Con-demned	
		Carcasses	Parts		Carcasses	Parts		Carcasses	Parts		Carcasses	Parts		Carcasses	Parts
1951.....	15,472	87	1,457	56,839	13	85	35,375	8	2,894	111,184	323	28,024	689	..	..
1950.....	17,090	81	1,533	70,349	12	113	34,090	6	2,483	110,378	235	29,090	157	..	..
1949.....	26,261	87	1,998	73,576	23	157	30,724	8	3,405	100,054	156	32,736	222	..	..
1948.....	31,867	102	2,344	88,061	22	215	43,740	3	3,198	97,511	154	30,782	155	..	..
1947.....	34,624	127	2,277	96,582	51	555	52,984	10	3,883	93,409	169	26,609	107	..	..
1946.....	46,236	104	2,418	98,995	28	222	81,785	10	7,313	92,821	65	29,367	224	..	..
1945.....	42,056	153	2,661	100,184	44	215	70,851	22	7,081	84,718	136	28,307	45	..	..
1944.....	45,506	116	3,220	116,444	27	293	68,530	40	5,976	114,516	197	32,919	92	1	..
1943.....	35,008	68	1,909	80,387	38	649	75,803	68	11,007	93,694	136	34,285	410	1	9
1942.....	41,600	104	2,492	92,838	75	382	83,587	120	10,819	96,625	229	34,001	89	..	..
1941.....	35,579	83	2,111	91,174	101	352	90,912	209	11,214	121,791	296	59,727	10	..	..
1940.....	27,572	96	2,457	91,825	90	731	95,067	70	3,391	143,235	262	43,636	15	..	..

TABLE NO. 2

POUNDS OF MEAT CONDEMNED ON REINSPECTION

YEAR	TOTAL	PORK	BEEF	MUTTON	VEAL	MEAT PRODUCTS	MIXED PRODUCTS
1951.....	10,056	6,880	545	..	..	1,559	1,072
1950.....	37,142	24,554	618	..	32	9,008	2,930
1949.....	17,649	6,637	4,992	54	3	3,041	2,922
1948.....	7,706	4,566	387	..	215	1,369	1,189
1947.....	19,673	3,417	1,064	53	96	5,319	9,724
1946.....	26,666	8,048	6,889	299	1,165	7,524	2,741
1945.....	25,250	3,916	3,202	142	140	15,296	2,554
1944.....	35,231	6,471	5,388	1,359	1,174	13,697	7,142
1943.....	25,633	5,902	5,527	693	1,171	7,051	5,289
1942.....	39,261	7,261	22,984	2,167	851	2,949	3,049
1941.....	58,200	14,765	21,043	2,609	629	7,409	12,345
1940.....	37,779	20,316	7,564	677	791	3,054	3,357

TABLE NO. 3

POUNDS OF MEAT AND MEAT FOOD PRODUCTS PREPARED, PROCESSED AND MANUFACTURED UNDER LOCAL INSPECTION

TYPE OF MEAT PRODUCT	CITY	COUNTIES
Meat products (fresh).....	859,120	..
Meat products (smoked).....	3,193,059	699,138
Meat food products (fresh).....	1,795,609	438,170
Meat food products (smoked).....	2,604,719	471,890
Meat food products (cooked).....	874,232	221,373
Meat food products (boiled).....	162,159	179,605
Lard.....	795,825	595,117
Lard compound.....	22,920	..
Total pounds.....	10,397,543	2,605,293

BUREAU OF ENVIRONMENTAL HYGIENE

BUREAU OF ENVIRONMENTAL HYGIENE

George W. Schucker, B.E.

Director

The bureau was assigned the responsibility for Sanitation Services under the Division of Sanitation and Special Weapons Defense in the Civil Defense Health Service. These services include water supplies, sewage disposal, emergency shelters, refuse disposal, insects and rodents, and general sanitation. Considerable time was spent during the year developing plans and coordinating them with other health and civil defense agencies. The director was appointed to the Bureau of Water Supply Civil Defense Committee and the bureau cooperated with the Emergency Welfare Service in the inspection of 82 proposed locations for emergency housing and feeding centers.

The remains of old Lexington Market and the Cross Street Market, two of the worst rat harbors in the City, disappeared during the year. The first was demolished to make room for the new Lexington Market, and the second was destroyed by fire. The bureau and its divisions worked closely with the general manager of the new Lexington Market in developing plans and procedures to make the new market an ideal one from a sanitation standpoint.

Community Sanitation

The investigation of 5,188 complaints dealing with environmental sanitation deficiencies, a small increase when compared to 4,870 for 1950, required the greater part of the working time of the division. Other planned community sanitation activities included the inspection of rooming houses, foster homes, day nurseries, convalescent homes, water points for common carriers, and the sampling of water from the city supply, swimming pools, and other sources.

Water Supplies

The sanitary quality of the city water was evaluated through analyses of 1,573 samples collected from consumers' taps throughout the distribution system and from two fixed stations outside the city. The percentage of 10 ml. portions confirmed was 0.93 as compared to 0.88 for 1950. Other samples collected included public and semipublic springs and commercially bottled waters. A special group of samples collected from the northern section of the city, following the restoration of water service which had been interrupted by a break in a large water main, showed no evidence

of any contamination of the water supply as a result of the interruption of service.

Inspection of wells serving a small group of houses in the southern area of the city disclosed them to be shallow, unprotected dug wells. Several of the wells were almost dry and samples from them were all found to be of unsatisfactory sanitary quality. The families living in the houses generally transported water for drinking purposes. As the result of these conditions, the Bureau of Water Supply was requested to extend the city water service to serve the properties.

Sewage Disposal and Stream Pollution

Inspections of Herring Run disclosed that the upper end of the east branch of the run was grossly polluted with raw sewage from a housing development near Old Harford Road and Taylor Avenue. Properties in this area, located for the most part in Baltimore County but including some properties in Baltimore City, are sewered through county sewers which had been discharging directly to the run. The condition was brought to the attention of the Baltimore County Metropolitan District and by the latter part of the year a sewer was completed from the existing city interceptor at the city line to Taylor Avenue, diverting the sewage from the run into the city sanitary sewerage system. Completion of this project removed the last appreciable source of sewage pollution from Herring Run within the city limits. Other improvements in the sewerage system and stream pollution included: Completion and placing in operation of the Brooklyn Sewage pumping station, removing sewage pollution from the harbor and the Patapsco River from an area of Brooklyn, Anne Arundel County and Baltimore County; and completion of the Jones Falls pumping station and force main and the beginning of construction of the first leg of the Jones Falls interceptor to remove sewage pollution from Jones Falls.

The Commissioner of Health and the Sewerage Engineer approved the construction of a sewage ejector station by a home builder so that a tract of low land along Herring Run could be utilized for home building. The builder agreed to operate the ejector station until the entire area was developed at which time the Sewerage Engineer would take over the operation of the station. The Department granted permission for another home builder to develop a tract of land north of Cold Spring Lane. Pending the completion of the Jones Falls interceptor this area will be sewered to a septic tank and the effluent chlorinated before discharging into Jones Falls. As in previous years a number of builders expecting to use individual methods of sewage disposal or sewers which discharged into streams were refused permission to develop areas. In order to prevent any over-

sight by which a developer might receive a building permit for the construction of property and connect it to sewers having a storm water outlet in a stream, the Sewerage Engineer agreed to note such information on all plans which pass through his office before reaching the Health Department. The Department continued to maintain warning signs along polluted streams flowing through the city.

Swimming Pools

A new swimming pool equipped with a recirculating system, diatomaceous earth filtration and gas chlorination was placed in operation at the Forest Park High School in January. Both indoor and outdoor pools were inspected periodically and samples of water were collected for laboratory examination. Operation of the indoor pools was found to be very satisfactory. Early in the season considerable difficulty was experienced with the outdoor pools operated by the Department of Recreation and Parks. This was due to faults in chlorinators and other apparatus. As a result of these conditions two of the newer pools failed to attain acceptable standards.

Rooming Houses and Lodging Houses

During the year, 752 inspections were made of rooming houses, hotels and lodging houses in connection with 67 applications for new permits and 559 applications for renewal of permits. It was necessary for the Commissioner of Health to revoke the permit of one small hotel due to the failure of the operator to maintain satisfactory sanitary standards.

Hospitals and Convalescent Homes

In cooperation with the Bureau of Food Control, inspections were made of hospitals and convalescent homes, and reports were furnished the Maryland State Department of Health which licenses such institutions. The Commissioner of Health served on a committee to study convalescent and nursing homes in the city, and the bureau assisted the committee in making joint inspections of a number of such institutions.

City ordinances also require that permission of the Mayor and City Council be obtained for the establishment of a hospital or a convalescent home; they also empower the Commissioner of Health to order the discontinuance of unauthorized institutions. In the first exercise of such power, at least in recent years, the Commissioner of Health on August 5 ordered the discontinuance of a convalescent home which had opened without authorization by either state or city authorities and which was being operated in an insanitary manner.

Miscellaneous Activities

1. Cooperation was given the Bureau of Child Hygiene in the drafting of revised regulations for operation of day nurseries and in the making of 127 inspections of day nurseries and child care institutions and 487 inspections of homes for foster care of children.

2. In cooperation with the Statistical Section and the Southern Health District investigations were made of 251 nonfatal home accidents which were treated at the South Baltimore General Hospital.

3. Enforcement of the ordinance to prevent psittacosis included accepting for destruction five psittacine birds arriving in port on vessels and accepting for transfer to the Baltimore Zoo eleven birds acquired by a pet shop in an unintentional violation of the ordinance.

4. The Eastern Avenue sewage pumping station experienced difficulty in September when tomato waste interfered with the proper operation of mechanical screens. Warning letters were sent to all canneries in the area served by the pumping station and this resulted in an abatement of the problem.

5. Members of the bureau attended the Maryland-Delaware Water and Sewerage Association Meeting at Ocean City.

6. A survey of environmental conditions in the Mt. Royal area was made in cooperation with the Mount Royal Improvement Association.

7. The Housing Bureau was assisted in the application of the American Public Health Association housing appraisal technique to the Pilot Program Area.

8. As a result of sewage backing up in the cellars of properties due to choked or overcharged sewers, several instances of illegal connections of storm drainage to the sanitary sewer were brought to the attention of the Health Department. Two of the cases involved newly constructed houses and the investigation indicated the possibility of other illegal connections which may have been installed after the final plumbing inspection.

9. Inspections were made in cooperation with the Emergency Welfare Service of 82 locations proposed for use as emergency housing and feeding centers and representatives of the division attended a course in Atomic, Bacteriological and Chemical Warfare sponsored by the U. S. Food and Drug Administration.

Plumbing

The Sewerage Engineer and the Commissioner of Health tested and approved the second commercial type garbage grinder and permitted its installation at a restaurant in Baltimore. Location approval was also granted for the second installation of the commercial grinder of the type approved last year at a large canning plant.

The problem of seepage, ground water and areaway drainage has influenced many builders to make illegal connections to the sanitary sewer to take off this drainage. These illegal connections have, at time of heavy storms, caused sanitary sewers to be overcharged with the result that basements of properties were flooded with sewage. In an attempt to find a solution to this problem, the Director of Public Works called a conference in December which was attended by representatives of the Home Builders of Maryland, Bureau of Sewers, Bureau of Highways, Bureau of Building Inspection and the City Health Department. As a result of the meeting the director and the Chief of the Division of Plumbing were requested to serve on a committee to draw up revised plumbing regulations to handle the problem.

The director and the Chief of the Division of Plumbing gave instruction on the subject of "Plumbing and Cross Connections" to several classes of the School for Sanitarians sponsored by the U. S. Public Health Service and the Maryland State Department of Health. The director attended the Interstate Sanitation Seminar at Charlottesville, Virginia, and presented a paper entitled "Cross Connections in Plumbing Systems."

Cross connections prevented or eliminated during the year totaled 900, of which 764 were hazardous yard toilets. There were 4,241 connections made to the sanitary sewerage system; this brought the total number of properties connected in the city to 193,334.

Rodent Control

Environmental Control

Control of the environmental factors which favor rat propagation was continued during the year by the premises to premises inspection of 23 additional blocks having 615 properties and 1,027 dwelling units. The doctrine "Rodent Control is Environmental Control" was clearly demonstrated by the completion of this program in 24 additional blocks during the year and this resulted in the improvement of 651 properties containing 1,191 dwelling units. Since 1948 when the program was inaugurated 55 blocks containing 1,582 properties and 2,467 dwelling units have been improved.

The same environmental control procedures, involving the elimination of food sources, rat harborage and rat proofing of properties, were employed in the handling of 1,892 complaints, resulting in the inspection of 3,322 premises. The total efforts in program areas and by complaint activity resulted in the correction of 12,481 environmental deficiencies.

Rat Bites and Rat-Borne Disease

During 1951 the total rat bites showed a decline for the first time since the Division of Rodent Control was created in the City Health Depart-

ment. Fifty-nine persons were bitten by rats at 53 separate locations; a reduction of 21 from the high of 80 bites in 1950. Persons bitten varied in age from an infant of one month to a woman sixty years old. The majority of bites occurred late at night or during the early morning hours and were generally located within a two mile radius of the center of the city. Of the total bites 35 or 58 per cent occurred in children under six years of age. Of this total, 12 were infants under one year. In each instance the rat bite was immediately investigated and corrective measures were instituted by notices to owners and occupants.

Two cases of Haverhill fever and one of usual rat bite fever were reported during the year. These two diseases are included under the general term of rat bite fever. The causative agent for Haverhill fever is *Streptobacillus moniliformis* and for the other *Spirillum minus*. Clinical symptoms and epidemiological behavior are very similar. *Spirillum minus* infection differs from *Streptobacillus moniliformis* infection in the usual absence of arthritic symptoms and a generally longer incubation period of one to three weeks. Case histories of the two cases of Haverhill fever were as follows:

Case 1: On April 17 a case, tentatively diagnosed as rat bite fever, was reported by Mercy Hospital. A 15-year-old male had been admitted to the hospital exhibiting a temperature of 102°F, and aching knee joints. Blood specimens were submitted to the Arthritis Research Section of the Mount Alto Veterans Hospital, Washington, D. C. These proved to be positive for *Streptobacillus*, indicating Haverhill fever. The Division of Rodent Control investigated conditions of the patient's home and at the restaurant where he was known to have eaten, with no tangible results. The division arranged to have a limited number of blood specimens processed by the Mount Alto Veterans Hospital, and assisted in having some of the family submit blood samples. Two human and five rat bloods were submitted for examination and proved to be negative.

Case 2: On November 19 the parents of a 12-year-old male colored child reported that he had been bitten by a rat on November 16. The child had been taken to the University of Maryland Hospital on the day of the bite and investigation revealed that the boy had been bitten on the finger of the right hand while asleep. The child was admitted as an in-patient with an elevated temperature of 103°F and headache. Urine and blood tests made that day were negative but an eruption was noted on the soles of the feet. On November 24 a moderate growth of *Haverhillia multiformis* was demonstrated on broth. On November 29 growth was heavy; diagnosis, Haverhill fever.

These were the first two reported cases of Haverhill fever in the history of the Division of Rodent Control and it is interesting to note that while the second case demonstrated a history of an actual rat bite, the first revealed no such situation.

Education

The new "Fight the Rat" pamphlet completed early in 1950 continued to stimulate a great deal of widespread interest in other localities, such as: Port Deposit, Maryland; Klaber, Washington; and Antwerp, Belgium. The correspondence from Belgium was of particular interest in that the Director of Public Health of Antwerp requested and was given permission to reproduce the pamphlet for distribution in his city.

The division's educational program, which is always on the alert to stimulate public awareness of the individual's problems and responsibilities in rat control, was continued. A number of groups were conducted through the Lexington Environmental Control Area. Members of the division made three television appearances on programs sponsored by the Citizens Planning and Housing Association. Illustrated lectures were given to a number of public school groups and exhibits were provided for several schools.

Ectoparasite Survey

During the year, 328 rats were examined and found to contain a total of 1,474 ectoparasites. Of this total, 574 were fleas classified as follows: 265 *Nosopsyllus fasciatus* (Northern rat flea); 309 *Xenopsylla cheopis* (Oriental rat flea). Nine hundred mites and lice were also identified as *Echinolaelaps echidminus* (common rat mite) 408, and *Polyplax spinulosa* (rat louse) 492. In addition, in order to obtain an indication of fleas on other animals, a screech owl, a red fox and several gray squirrels were combed for ectoparasites and were found to harbor no unusual species. The total ectoparasite count per rat was 4.493 and the flea count per rat was 1.75.

The practice of submitting blood specimens of rats trapped to the Bureau of Laboratories for complement-fixation tests was terminated due to a critical personnel shortage in the laboratories. In view of the fact that no positive samples had been obtained in a four year period it was decided that no advantage was served by continuing these tests at the present time.

Rodenticide Studies

Two experiments on the use of Warfarin, 3-(alpha-phenyl-beta-acetyl-ethyl)-4-hydroxycoumarin were undertaken in a routine city block and in the temporary Lexington Market. In each instance the time and effort necessary to carry on a good baiting operation with this material proved to be too great to be economically feasible. In addition, in each instance it was found that the large amount of garbage and other material available

as rat food did not make for a satisfactory enterprise. This did not preclude the use of Warfarin as an excellent baiting material in individual control situations. In a rodenticide preference test conducted in the Baltimore and Ohio Railroad yards at Locust Point, it was found that Warfarin compared very favorably with Antu and Fortified Red Squill, and over a period of time proved to be the most acceptable of the rodenticides tested.

Miscellaneous

1. The maintenance program was continued and 5,381 inspections were made in completed environmental control blocks. In general, ratproofing was found to be holding up reasonably well. The problem continues to be one of educating the occupants of the necessity for good sanitation.

2. School No. 110 in the Lexington Environmental Control Area won the prize awarded to schools in the annual Clean-up, Paint-up, Fix-up Week. This again demonstrated the value of the environmental control and the educational programs.

3. The Chief of the Division of Rodent Control continued to serve on the Law Enforcement Committee for the Pilot Program and the division assisted in the application of the American Public Health Association housing appraisal technique to the Pilot Area.

4. The Chief of the Division of Rodent Control attended the Interstate Sanitation Seminar at Charlottesville, Virginia.

5. One additional sanitarian was added to the division during the year when a laborer resigned and the classification was changed to sanitarian with a transfer of funds from labor to salary account.

6. The division cooperated in the civil defense scheme by assisting in a survey of churches which are to be used as housing and feeding centers in the event of a disaster. The Chief of the Division attended a course sponsored by the U. S. Food and Drug Administration in Atomic, Bacteriological and Chemical Warfare, and he was present at the civil defense meetings of the Bureau of Water Supply.

Personnel

George W. Schucker, B.E., Director

George O. Motry, B.E., LL.B., Chief, Division of Community Sanitation

Carroll H. Reynolds, Chief, Division of Plumbing

William Sallow, LL.B., Chief, Division of Rodent Control

Sanitarians

Newell B. Benson, Jr., B.S.

Philip A. Berman

Sidney L. Berlin

John F. Block, Ph.G.

John A. Childs

Elbert H. Cohen, B.A., LL.B.

Thomas H. Devlin, B.S., M.Ed.

T. Evans Fernandis, Jr., A.B.

Milton P. Friedmann, B.S.
Francis J. Goldsmith, Ph.B.
William H. Hunter, LL.B.
Walter W. Jones, A.B.
John O. Long
Albert Paul Manner

Thomas C. Nugent
Wellington S. Ross, A.B., M.A.
C. Edward Sachs
Robert B. Turner
Edward H. Vail, B.S.
Reginald C. Young, A.B.

Hiram Abiff Burkhardt, Senior Inspector-Plumbing
Harley Fickus, Senior Inspector-Plumbing
Worthington S. Law, Senior Inspector-Plumbing
Henry G. Rausch, Senior Inspector-Plumbing
Joseph P. Reynolds, Senior Inspector-Plumbing
Walter Underwood, Senior Inspector-Plumbing
John H. Pike, Inspector-Plumbing
Jacob G. Vogtmann, Principal Clerk
Irma E. Wehn, Principal Clerk
Joseph B. Finnan, Senior Clerk
Kathryn S. Hoff, Senior Clerk
Donald A. Stockley, Senior Clerk
James A. Williams, Senior Clerk
Gloria Perlberg, Senior Stenographer
Selma B. Sladek, Senior Stenographer
Sylvia A. Bookoff, Junior Stenographer
Nancy Connelly, Junior Stenographer
May Hiltz, Junior Stenographer
Ruth E. Auslander, Junior Typist
John W. Biden, Heavy Duty Laborer
Calvin DeFord, Heavy Duty Laborer

TABLE NO. 1
COMPLAINTS, PATROL AND SPECIAL INVESTIGATIONS

TYPE OF CONDITION	COMPLAINTS RECEIVED		PATROL AND SPECIAL INVESTIGATIONS MADE	
	1951	1950	1951	1950
TOTAL	5,188	4,870	5,508	5,497
Complaints				
Ashes and garbage.....	149	170	11	54
Building defects.....	634	632	19	8
Choked sewers.....	60	54	18	38
Dead animals.....	..	1	1	1
Defective drainage.....	250	211	46	72
Defective heating equipment.....	40	35	..	1
Defective plumbing.....	463	513	29	20
Defective toilet facilities.....	521	598	28	31
Fowl and other animals.....	277	280	17	26
Grass and weeds.....	427	256	177	172
Insanitary conditions.....	1,144	1,167	205	290
Insects.....	129	171	7	1
Miscellaneous.....	103	79	8	45
Privies and cesspools.....	17	22	2	25
Rats.....	194	234	32	36
Water in cellar.....	780	447	62	115
Special Investigations				
Child care institutions.....	..	..	127	145
City dumps and sanitary fills.....	..	..	28	83
Color tests.....	..	..	465	362
Environmental survey inspections.....	..	..	188	26
Foster homes.....	..	..	487	553
Home accidents.....	..	..	251	291
Hospitals and convalescent homes.....	..	..	44	71
Motion picture houses.....	..	..	18	43
Private dumps.....	..	..	325	366
Psittacine bird investigations.....	..	..	9	7
Rooming houses.....	..	..	752	589
Schools.....	..	..	9	7
Stream pollution.....	..	..	54	71
Supervisory inspections.....	..	..	57	..
Swimming pools.....	..	..	319	*
Watering points—carriers.....	..	..	4	33
Water supply sampling.....	..	..	1,709	1,915

* Included with water supply sampling for 1950.

TABLE NO. 2
COMPLAINT, PATROL AND SPECIAL INSPECTIONS

TYPE OF INSPECTION	1951	1950
TOTAL	17,681	18,624
Complaint	5,672	6,796
Patrol and special	5,508	5,497
Reinspection	6,501	6,331

TABLE NO. 3
COMPLAINTS

ACTION TAKEN	1951	1950
Handled by inspectors.....	3,802	3,771
Referred direct to other bureaus or departments.....	3	..
Investigated and referred to other bureaus or departments.....	155	160
Investigated and referred to police for follow up.....	78	271
Notices to abate nuisances.....	1,802	1,848
Hearings for failure to comply with notices.....	8	80
Summonses issued for failure to comply with notices....	29	33
DISPOSITION		
TOTAL.....	5,462	4,951
Abatement by inspector.....	2,148	2,035
Cancelled (withdrawn or corrected before inspection)....	749	731
Closed without action.....	1,383	1,069
Conditions of no health significance.....	946	666
Direct reference to other bureaus or departments.....	3	..
Investigated and referred to other bureaus or departments.....	233	420

TABLE NO. 4
METHOD OF SEWAGE DISPOSAL

METHOD OF DISPOSAL	TOTAL TO DECEMBER 1951	NEW CONNECTIONS	DISCONNECTED
Connections to sanitary sewers.....	193,334	4,241	..
Private drains to sanitary sewers.....	15,290	12	..
Connections to storm water outlets.....	14,629	378	..
Privies.....	..	..	24
Cesspools.....	..	..	110

TABLE NO. 5
PERMITS, PLUMBING INSPECTIONS AND PLUMBING FIXTURES INSTALLED

GROUP	1951	1950
Total permits issued.....	17,100	19,331
Permits for sanitary sewer connections.....	5,400	4,281
Permits for plumbing installations.....	11,700	15,050
Inspections of plumbing.....	29,365	29,771
Plumbing fixtures installed.....	48,306	45,582
Bathtubs.....	8,446	7,891
Miscellaneous.....	1,880	2,212
Sinks.....	8,212	7,645
Slophoppers.....	170	46
Urinals.....	500	266
Wash basins.....	10,044	9,330
Water closets.....	13,971	13,880
Wash trays.....	5,083	4,312

TABLE NO. 6
CROSS CONNECTIONS PREVENTED OR CORRECTED

TYPE	1951	1950
TOTAL.....	900	2,288
Air conditioning units.....	1	0
Bathtubs.....	73	117
Frostproof hoppers.....	764	2,134
Wash basins.....	62	37

TABLE NO. 7
RODENT CONTROL ACTIVITIES

ENVIRONMENTAL CONTROL AREAS	1951	1950
Number of blocks inspected.....	23	15
Number of blocks completed.....	24	10
Number of blocks pending.....	8	9
Total properties inspected.....	615	499
Dwellings.....	399	391
Commercial.....	46	17
Industrial.....	7	4
Combination with dwelling.....	92	65
Other.....	71	22
Dwelling units inspected.....	1,027	857
Properties improved.....	651	310
Dwelling units improved.....	1,191	415
Properties requiring no corrections.....	59	23
Properties pending corrections.....	127	222

TYPE OF INVESTIGATION

TOTAL.....	16,983	10,944
Initial: Complaints.....	1,892	1,940
Patrol.....	1,430	1,011
Program areas.....	615	499
Reinspections: Complaint and patrol.....	2,459	3,450
Program areas.....	5,206	1,462
Maintenance.....	5,381	2,582

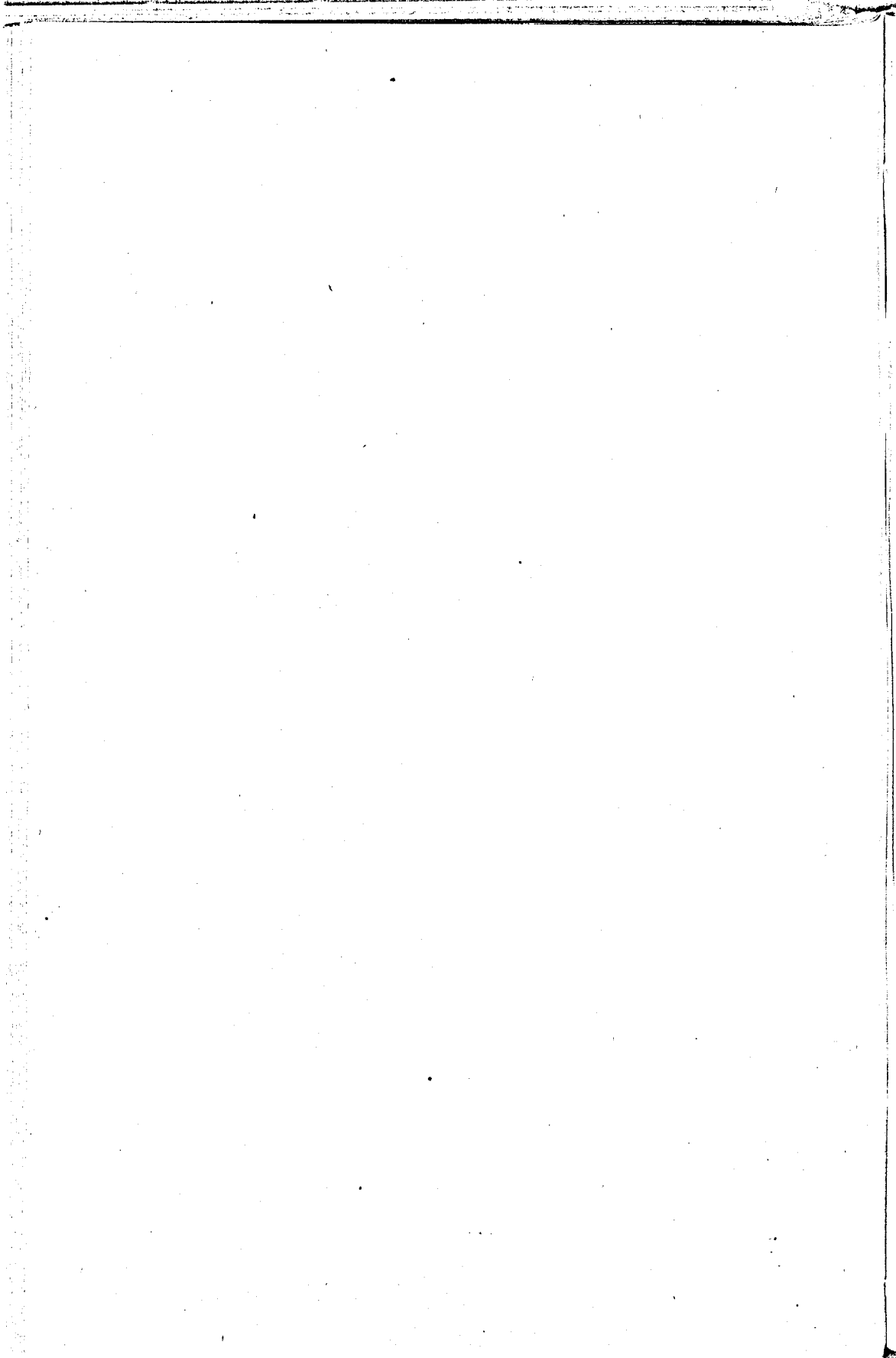
COMPLAINT HANDLING

Complaints received.....	1,963	1,887
Complaints abated by Sanitarians.....	1,892	1,940
Complaints pending.....	87	18
Premises inspected on complaint.....	3,322	2,980
Disposition: Abated by Sanitarian.....	2,150	2,448
Referred to other divisions or bureaus.....	75	74
Cancelled (corrected prior to investigation).....	377	65
No nuisance.....	76	393
Premises pending correction.....	54	10
DEFICIENCIES CORRECTED BY RODENT CONTROL ACTIVITIES.....	12,481	9,554

ENFORCEMENT PROCEDURES

Notices to abate nuisance.....	1,798	1,320
Hand notices issued in field.....	139	238
Verbal recommendations.....	745	793
Hearings for failure to comply.....	2	4
Final notices for failure to comply.....	316	173
Summonses for failure to comply.....	34	27
VIOLATIONS REFERRED TO POLICE BY NORTHERN VOLUNTEERS.....	1,135	1,203

BUREAU OF INDUSTRIAL HYGIENE



BUREAU OF INDUSTRIAL HYGIENE

Charles E. Couchman, B.S.

Director

Atmospheric pollution received dynamic public attention in 1951 and necessary steps were taken, as far as the bureau's appropriations permitted, to prevent noxious fumes from being a health problem, without hindering the city's industrial expansion. In a like manner the other industrial hygiene services were devoted to reducing such known health hazards as brucellosis, carbon monoxide poisoning, child lead poisoning, exposure to chrome dust and parathion poisoning. The services of an industrial hygiene program depend upon studying toxicological conditions in the environment and the application of sound preventive measures based on research. The end result of such a program provides for better health in the community.

The diversified industrial hygiene program consisted of industrial and domestic investigations, studies, surveys, inspections, and education. Surveys were conducted in 129 plants employing 3,087 workers. Examinations were made of 269 plans and applications for erecting industrial buildings, and effective control measures were incorporated before the applications were approved.¹

Altogether 74 industrial studies were made of 17 different harmful substances in addition to hazardous conditions involving radiation, noise, lighting, and ventilation. An unusual investigation was made of the use of paraformaldehyde, an irritant, in the clothing industry. The year 1951 was the first full year for the use of natural gas in the city. There were 2 deaths from the incomplete combustion of this gas during the year. As expected there was no death from unburned natural gas.

Chiefly, as a result of industrial inspections, 396 improvements affecting 12,770 workers were made. Information on industrial hygiene was released through exhibits, radio, television, press conferences, lectures, and scientific journals. Health Department personnel also participated in the civil defense program pertaining to special weapons defense. Visitors to observe activities were: A member of the Industrial Health Council of the American Medical Association, graduate students attending a school of public health, a representative from the Virginia State Health Department, a staff member of the London School of Hygiene and Tropical Medicine, and a professor of occupational health from France.

Industrial Exposures

Of the 215 recorded cases of occupational diseases, 39 per cent were due to dermatitis. One fatality was due to cancer of the lung probably from exposure to chrome, and numerous ulcerations from like exposures.

The unusual number of 13 cases of brucellosis occurring in four slaughterhouses initiated experimental sampling of the environment for bacteria in two meat packing establishments. The results of swab and air samples were compared with similar findings in an ice cream plant used as a control, and a relatively dusty mattress establishment. There appeared to be a satisfactory relation in the number of bacteria between swab and air samples. Since the former was more readily obtained the swab technique may be adopted for most future studies. Normal, medium, and heavy contamination in air samples yield, respectively, less than 100, 100 to 1,000, and more than 1,000 bacteria per cubic foot of air, whereas with swab samples taken from walls at breathing levels the total counts were from 0 to 10, 10 to 100 and more than 100 bacteria per 100 square centimeters for the three degrees of contamination encountered. These preliminary results will require much more sampling to establish the reliability of the ranges.

Of all the exposures to organic compounds, carbon tetrachloride led in causing illness. There were 3 known nonfatal cases, and 1 fatality probably due to this solvent. The fatal case and one of the nonfatal cases resulted from cleaning machinery aboard boats undergoing repairs in a shipyard. The other 2 illnesses occurred, respectively, in a bus repair shop where brake linings were sprayed with carbon tetrachloride and in a brush manufacturing establishment where the solvent was inadvertently used in cleaning metal parts for one week. Subsequent use of the solvent in all of these plants was either eliminated or curtailed drastically.

Parathion was handled in record quantities in the two insecticide plants without adverse effects. Control measures consisted of safe handling procedures with studies of the air in the working environment and weekly examinations of the blood of the workers for evidence of reduced cholinesterase activity. This is the first year in which the insecticide was produced without affecting the workers.

Three studies were conducted to evaluate the exposure to aromatic compounds. Benzol was found to be handled in a potentially hazardous manner for removing tar from insulators and steps were taken to modify the operation. In the other two incidents, toluol vapors were controlled satisfactorily by exhaust ventilating systems.

The unusual exposure to formaldehyde vapors encountered in nuisance proportions in the clothing industry was the result of storage of crease-resistant cloth during the summer season. It is understood that the cloth

is treated in the mills with a paraformaldehyde preparation and under certain storage conditions vapors emanate in sufficient quantity to irritate the eyes of the workers. Sixteen mills located in New York and New Jersey supplied the nine local shops using the material. Workers in six shops gave a history of noticing the vapor and in three of these the concentrations caused several complaints. A study of the air in one Baltimore establishment showed a concentration of one part of formaldehyde in a million parts of air. As cooler weather approached the difficulty disappeared. Two other formaldehyde operations were studied where the substance was used in cementing cork granules and in the preparation of a product for polishing zinc. Both of these operations were controlled satisfactorily.

Hydrogen sulfide affected over 20 persons when the gas was released by the accidental mixing of a sulfide waste liquor with an acid solution in an oil refinery. None of the cases was particularly severe and prompt corrections were made.

Other gas studies were made of carbon monoxide and ammonia. Three persons were partially asphyxiated by automotive exhaust gas in two garages. Ventilation in a monotype printing establishment corrected a condition resulting from gas-fired metal melt pots; fresh air supplies furnished to workers in two water-main tunnels by gasoline-driven compressors were found to be free of carbon monoxide; and a gas-fired plating tank was found to be operating satisfactorily. Although the maximum allowable limit for ammonia is reported as 100 parts per million in air (p.p.m.), a study of a reproduction machine with subsequent laboratory tests showed that concentrations of 7 p.p.m. are readily noticeable and cause slight irritation.

Oxides of nitrogen in concentrations near the maximum allowable limit of 10 p.p.m. were found in a high-voltage rectification room which fortunately is seldom entered by workers.

Lead dust studies were conducted in plants manufacturing enamel, insecticides, castings, paint, type metal, and electric cable. Most of the processes were satisfactory except where 4 lead poisoning cases occurred in operations connected with the production of enamel, insecticides, and automobile bodies.

One of three mercury studies disclosed hazardous concentrations existing during the cleaning of a heavily contaminated laboratory in a university. At times it was necessary to suspend cleaning until the vapor concentrations subsided.

Several studies were made of silica and chrome dust exposures. Following a case of silicosis in 1950, a manufacturer of ceramic insulators made many improvements chiefly by providing ventilation systems to control

dust exposures. In the chrome study being made by the Division of Occupational Health of the U. S. Public Health Service a mortality study was made in a refractory plant processing chrome brick, and exposures in a fertilizer plant were evaluated to serve as a worker's control group for comparison with results found in the chrome industry. Both of these health studies disclosed that the experience of the refractory and fertilizer workers was about the same as for the general population.

Some significant changes were made in the Maryland Occupational Disease Law. On June 1 Chapter 287 of the State Laws of 1951 made the scheduled law into an all-coverage one. Chapter 289 defined an occupational disease. Chapter 451 granted compensation for perforation of the nasal septum and during the year 52 such awards were made for exposure to chrome.

In addition to noise studies made as a result of complaints against industrial operations, radiation studies were conducted in two clinics having X-ray equipment, and of one user of radioactive materials. None of the exposures was significant. In connection with radiation, courses were attended and lectures were given by personnel for industrial as well as civil defense activities.

Domestic Exposures

A phenomenal reduction in fatalities resulted from the use of natural gas. Incomplete combustion caused only 2 fatal cases from carbon monoxide in the flue gas from a defective appliance. Nine other defective gas-fired appliances caused 19 nonfatal cases approximately half of which were due to the use of appliances not properly converted from manufactured to natural gas. For the first time there were no suicides by illuminating gas since natural gas is devoid of carbon monoxide.

Coal gas in three dwellings caused 1 fatal and 9 nonfatal carbon monoxide cases. The owner of one of these dwellings failed to comply with the Health Department's recommendation and as a result legal action was instituted whereby he was found guilty and fined before he made the necessary corrections.

An unprecedented number of child lead poisoning cases occurred from chewing lead paint in the slums and blighted areas of Baltimore City. Of the 77 cases diagnosed by attending physicians 9 were fatal. Blood lead analyses made by the Division of Chemistry of the Bureau of Laboratories disclosed that 46 of the cases had values of 0.1 or more milligrams of lead per 100 grams of blood. In addition to the 77 cases, there were six children with elevated blood lead values which were not diagnosed positively as lead poisoning. The recognition of this serious disease received considerable publicity.^{4, 5} Most of the properties where child lead poison-

ing occurred were rented. In order to have old lead paint removed from one of the dwellings where a child had suffered from lead poisoning it was necessary to take the owner to court where he was found guilty and fined before he made the recommended improvements. On June 29 the Commissioner of Health, in accordance with Section 118 of Article 12 of the Baltimore City Code of 1950, adopted Regulation 17 to prohibit the use of paint containing lead pigment for interiors of dwellings.^{2, 3}

Community Exposures

Although the prime object of the bureau's activities is aimed towards preventing and controlling known conditions involving environmental toxicology within industry and homes, atmospheric pollution complaints of nuisance character arising from public demand have created an increasing work-load. The following table shows the number of the types of complaints investigated.

SUMMARY OF COMPLAINTS—1951

NATURE OF COMPLAINT	NUMBER	PER CENT
Atmospheric pollution.....	159	69
Coal gas.....	13	5
Industrial waste.....	23	10
Noise.....	5	2
Sanitation.....	20	9
Other.....	10	5
TOTAL.....	230	100

Since the application of knowledge in the field of industrial hygiene is closely associated with conditions causing atmospheric pollution, complaints on this subject are rightfully handled by this bureau. In order to render a more effective public service, a modest request for additional personnel to initiate such work was made in the 1952 annual budget for Baltimore City. This request was finally approved after a hearing before the Board of Estimates. For the past two years it was hoped that a comprehensive state-wide program with participation by local governments would be formulated but even with the backing of civic organizations, and endorsement by the Baltimore Association of Commerce the plan as yet has not materialized; hence, local action was necessitated in Baltimore City even though people in surrounding counties are affected from this most concentrated source of pollution in the State of Maryland. For the most part, the chemical industries which are located around the harbor are the main sources of atmospheric pollution due to the very nature of their processes; however, several other sections of the city containing

industries such as asphalt street paving,⁶ dry cleaning, automotive spray painting, and textile manufacturing make the problem more complex. There is strong evidence that most industries are making significant improvements in reducing pollution. To minimize effectively the pollution, production may be contingent upon weather conditions, particularly in the spring and autumn seasons. It was interesting to note that a public warning of adverse weather conditions was issued by the Health Department on September 23, and three days later an atmospheric pollution episode of no small magnitude occurred in Curtis Bay. The basis for the public warning was an increase in the number of complaints which were received and the knowledge that weather conditions in the fall were more likely to result in unusual stagnation of the atmosphere.

Interesting information was obtained from a study of a stack discharging chromic acid mist evolved from a large plating operation. Only about five pounds of the acid were discharged under maximum operating conditions during a continuous 12-hour plating period with 7500 amperes supplied to the tank. However, there was evidence of deposition at ground level around the plant.

Some of the administrative activities connected with atmospheric pollution concerned conferences with industries, the State Senate Finance Committee, the Governor, the City Council, and the Maryland State Health Department.

An expression of appreciation is in order for the cooperative services rendered by the Bureau of Laboratories and by Dr. R. R. Sayers, Senior Medical Supervisor. The Bureau of Public Health Nursing continued to provide the Bureau of Industrial Hygiene with the services of a supervising nurse whose activities were devoted principally to the problem of lead poisoning in children.

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Personnel

Charles E. Couchman, B.S., Director
Felix H. Pretsch, B.S., Sanitarian
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David T. Lewis, B.S., Sanitarian
Selma Aebli, Senior Stenographer

TABLE NO. 1
HEALTH AND ACCIDENT HAZARDS ELIMINATED IN INDUSTRIAL PLANTS

TYPE OF IMPROVEMENT	NUMBER	POPULATION
TOTAL.....	398	12,770
Health-Occupational Hazards		
Atmospheric pollution.....	19	1,154
Exposure to toxic materials controlled by:		
Provision of protective clothing.....	1	200
Installation of local exhaust system.....	29	1,093
Change of operations.....	14	194
Repair of defective equipment.....	1	2
Exposure to radiant energy controlled by:		
Provision of goggles and shields.....	2	80
Lighting provided or improved		
Artificial.....	3	225
Ventilation provided or improved		
Artificial.....	10	605
Natural.....	3	76
Noise reduced.....	3	210
Sanitation		
Cross connections eliminated.....	1	40
Drinking facilities provided or improved.....	20	499
City water supply installed.....	4	30
Industrial waste disposal provided or improved.....	15	683
Insect, vermin and rodent control instituted.....	1	120
Insanitary premises improved.....	4	72
Lockers provided.....	9	504
Lunch room provided.....	4	298
Rest periods instituted.....	1	66
Rest room provided.....	1	2
Toilet facilities provided or improved.....	37	1,051
Washing facilities provided or improved.....	18	456
Personnel Services		
First-aid equipment provided.....	9	187
Pre-employment examination instituted.....	1	14
Accident Hazards		
Building defects corrected.....	1	4
Building interiors renovated.....	2	1,435
Other Improvements		
New building.....	142	2,485
Heat supplied.....	8	87
New equipment.....	33	898

TABLE NO. 2
DETAILED STUDIES MADE

INDUSTRIES	Number of Studies	DUSTS					GASES				VAPORS			OTHERS				
		Chromic	Lead	Parathion	Silica	Other	Carbon Monoxide	Formaldehyde	Nitrogen Oxides	Other	Benzol and Analogs	Mercury	Petroleum Products	Bacteriological	Lighting	Noise	Ventilation	X-ray
All Industries Studied.	74	2	15	4	2	2	8	3	3	4	5	4	3	6	3	2	7	1
Ceramic.....	5	..	2	..	1	..	..	..	..	..	1	..	..	..	..	..	1	..
Chemical.....	14	..	5	4	..	..	..	1	..	3	..	..	..	..	..	1	..	1
Clothing.....	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Construction.....	4	..	..	..	..	..	2	..	..	2	..	..	..	..	..	..	..	..
Education.....	7	..	..	..	..	..	1	..	..	..	1	4	..	..	..	1	..	..
Electroplating.....	3	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..
Food.....	5	..	..	..	..	..	1	..	..	..	..	..	..	4	..	..	..	..
Foundry.....	2	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Glass.....	2	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..
Metal goods.....	6	1	..	..	..	..	2	1	..	..	1	..	1	..	..	..	..	..
Office and laboratory...	5	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	2	..
Printing.....	7	..	4	..	..	..	2	..	..	..	..	..	..	..	..	..	1	..
Smelting.....	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Textile.....	3	..	..	..	..	1	..	..	..	..	..	..	..	2	..	..	..	..
Others—less than 2 plants.....	6	..	1	..	..	..	..	..	2	1	..	2	..	..	..	..	..	..

TABLE NO. 3
INDUSTRIAL BUILDING APPLICATIONS AND PLANS REVIEWED FOR OCCUPATIONAL HAZARDS AND SANITATION

PROPOSED USE OF BUILDING	APPLICATIONS AND PLANS					SPECIAL RECOMMENDATIONS							Consultations
	Number Reviewed	Disapproved	Approved			Ventilation			Sanitation		Other Recommendations		
			Without Recommendations	With Recommendations	Abandoned	Mechanical		Natural	Industrial Waste Disposal	Personal Service Convenience			
						Local	General						
All Types.....	269	..	70	199	1	24	20	..	4	4	3	269	
Automotive repair.....	9	..	..	9	..	2	8	..	..	..	..	9
Automotive service.....	8	..	..	8	..	1	8	..	..	..	..	8
Ceramics.....	6	..	..	6	..	..	..	..	..	..	..	6
Chemical.....	14	..	..	14	..	4	1	..	3	..	..	14
Dry cleaning and laundry.....	7	..	1	6	..	1	..	..	1	..	1	7
Electrical apparatus.....	3	..	..	3	..	..	..	..	..	..	..	3
Machine shop.....	12	..	..	12	..	1	1	..	..	..	..	12
Metal goods fabrication.....	7	..	..	7	..	3	..	..	..	..	..	7
Office and storage.....	25	..	2	23	1	1	1	..	..	..	..	25
Paper.....	3	..	..	3	..	..	..	..	..	..	..	3
Parking garage.....	3	..	..	3	..	..	..	..	..	..	..	3
Personal service building.....	4	..	2	2	..	..	..	..	..	4	..	4
Rubber.....	3	..	..	3	..	..	..	..	..	..	..	3
Warehousing and storage.....	122	..	61	61	..	2	4	..	..	..	..	122
Truck terminals.....	3	..	1	2	..	..	1	..	..	..	..	3
Woodworking.....	5	..	..	5	..	2	..	..	..	..	..	5
Others—less than 3 of 1 type.....	35	..	3	32	..	7	1	..	..	..	2	35

TABLE NO. 4
SUMMARY OF INDUSTRIAL PLANTS SURVEYED, CLASSIFIED ACCORDING TO TYPE OF PLANTS,
AND POTENTIALLY HAZARDOUS MATERIAL

TYPE OF PLANT	NUMBER OF PLANTS	NUMBER OF EMPLOYEES	HAZARDS															
			DUSTS				GASES				METALS				VAPORS			
			Silica	Other Inorganic			Acetylene	Ammonia	Carbon Monoxide	Hydrogen Cyanide	Hydrogen Sulphide	Antimony	Chromium	Lead	Mercury	Zinc	Others	Aliphatic Hydrocarbons
				Silica	Other Inorganic	Organic												
All Plants Surveyed.....	129	3,087	5	24	21	13	2	34	1	1	1	9	1	12	2	1	1	22
Advertising.....	2	97	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Automotive—repair.....	16	443	..	2	1	5	..	15	..	..	..	..	1	1	1	..	..	2
Automotive—transportation.....	8	306	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Chemical manufacturing.....	5	175	..	1	1	1	1	2	2	..	..	..	..	..	..	..	..	2
Clothing manufacturing.....	27	643	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Dry cleaning.....	9	49	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Electrical apparatus manufacturing.....	2	20	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Electroplating.....	1	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Foundry.....	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Glassware manufacturing.....	1	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Laundries.....	2	33	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Metal goods manufacturing.....	21	348	11	1	1	5	..	1	1	1	1	1	1	1	1	1	1	2
Paper products manufacturing.....	1	95	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Petroleum.....	2	158	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Printing.....	8	180	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
Rubber goods manufacturing.....	3	24	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Upholstery.....	3	71	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Woodworking.....	9	241	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Wrecking and junk.....	2	53	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Others.....	7	140	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

TYPE OF PLANT

TABLE NO. 5
STATISTICAL SUMMARY OF INDUSTRIAL HYGIENE ACTIVITIES—1951

PLANT ACTIVITIES		
Total number of different plants serviced.....		538
Total number of workers in plants serviced.....		60,842
Total number of plant visits made.....		1,557
SOURCE OF SERVICE		
Self-initiated.....		1,315
Requests from management, labor, etc.....		261
Total.....		1,576
GENERAL TYPE OF SERVICE GIVEN	NUMBER OF SERVICES	
Plant surveys.....		130
Technical studies of hazards.....		74
Reinspections and routine.....		113
Medical and nursing surveys.....		138
Investigation of occupational diseases.....		22
Consultations.....		63
Atmospheric pollution investigations.....		159
Other nuisance complaints investigated.....		57
Follow-up of building applications.....		778
Follow-up on compliance with recommendations.....		229
Special activity.....		24
Total.....		1,787
RECOMMENDATIONS	GIVEN	CARRIED OUT
Number of recommendations.....	128	127
Number of plants involved.....	75	76
Number of workers affected.....	3,598	4,162
SPECIFIC SERVICES		
Number of laboratory analyses and examinations.....		173
Field determinations of atmospheric contaminants.....		176
Field determinations of physical conditions.....		158
Examination of plans for control equipment.....		269
Occupational diseases reported.....		215
Occupational diseases investigated.....		16

TABLE NO. 6
OCCUPATIONAL DISEASES REPORTED—1951

DISEASE	CASES
TOTAL.....	215
Allergy.....	1
Asthma.....	3
Blisters.....	5
Brucellosis.....	13
Carbon tetrachloride poisoning.....	1
Chrome carcinoma.....	2
Chrome ulceration.....	52
Eye irritation.....	1
Infection.....	5
Lead poisoning.....	4
Neuritis.....	1
Synovitis.....	43
Dermatitis.....	84
Plant irritations.....	28
Alkalis.....	10
Solvents.....	8
Oils and greases.....	7
Metals.....	5
Moisture.....	5
Dyes.....	3
All others.....	18

TABLE NO. 7
ACUTE CASES OF ILLUMINATING GAS POISONING—1931-1951
(During 1951 the Entire City Operated on Natural or Natural and Oil Gas)

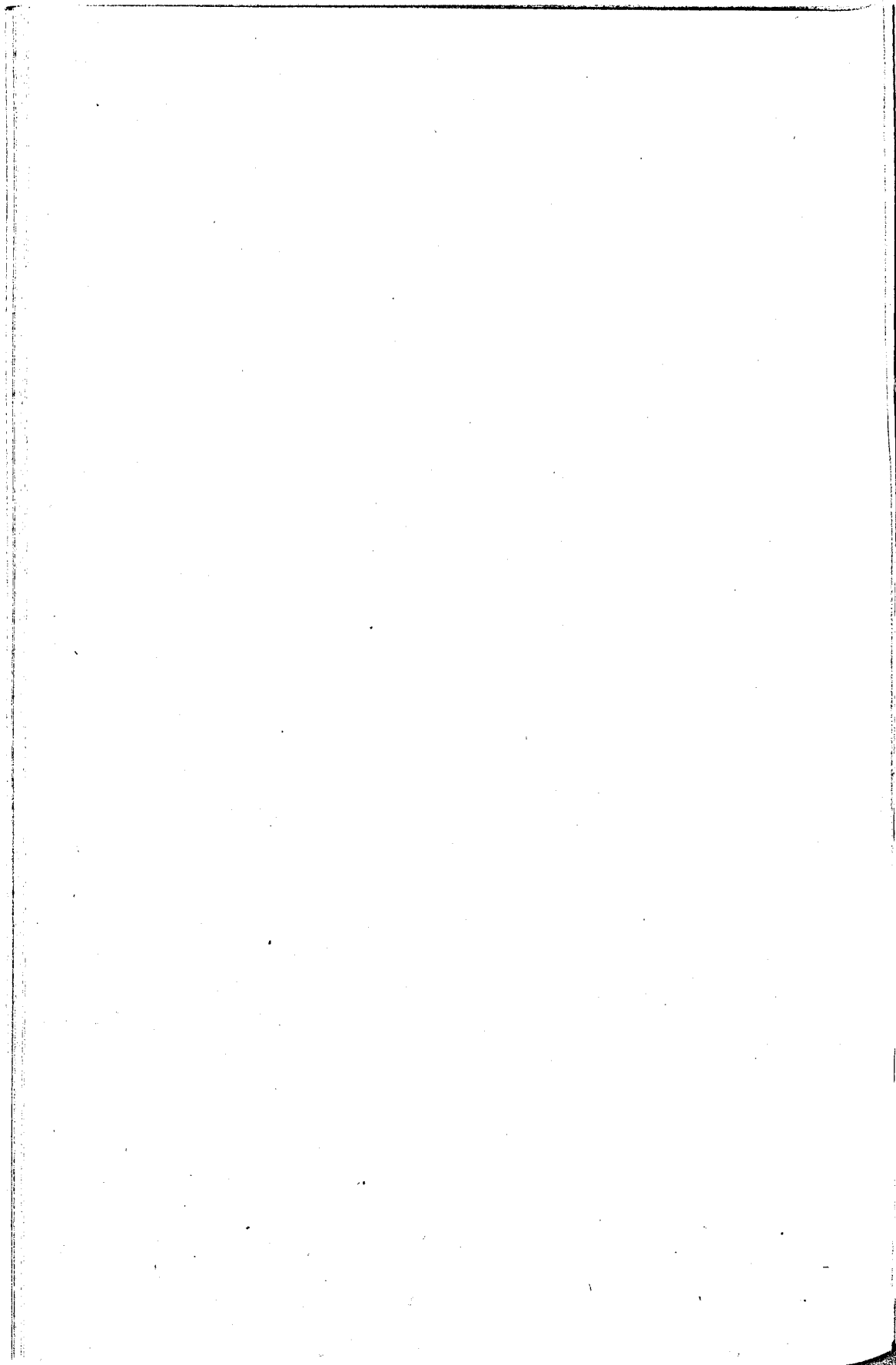
YEAR	TOTAL CASES	SUICIDES AND ATTEMPTED SUICIDES	ACCIDENTS
1951.....	45	24	21
1950.....	78	52	24
1949.....	132	92	40
1948.....	159	112	47
1947.....	137	89	38
1946.....	157	104	53
1945.....	130	69	61
1944.....	140	72	68
1943.....	178	66	112
1942.....	123	68	55
1941.....	137	95	42
1940.....	174	102	72
1939.....	202	77	125
1938.....	130	82	48
1937.....	114	71	43
1936.....	218	63	155
1935.....	130	80	50
1934.....	154	100	54
1933.....	157	100	57
1932.....	172	101	71
1931.....	152	93	59

TABLE NO. 8
NONFATAL AND FATAL ACCIDENTS FROM ILLUMINATING GAS AND DEFECTIVE
APPLIANCES FROM 1931-1951

YEAR	TOTAL	ACCIDENTS FROM UNBURNED GAS		ACCIDENTS FROM INCOMPLETE COMBUSTION OF GASES		DEFECTIVE APPLIANCES CAUSING ACCIDENTS
		Nonfatal	Fatal	Nonfatal	Fatal	
1951	21	..	..	19	2	10
1950	24	10	4	10	..	11
1949	40	30	6	1	3	13
1948	47	32	8	7	..	7
1947	38	18	8	9	3	8
1946	53	29	10	10	4	8
1945	61	31	23	6	1	6
1944	68	35	20	12	1	5
1943	112	42	20	49	1	13
1942	55	28	9	16	2	8
1941	42	22	6	14	..	3
1940	72	45	6	19	2	5
1939	125	32	9	83	1	7
1938	48	30	12	6	..	..
1937	43	31	11	1	..	1
1936	155	131	22	2	..	..
1935	50	33	17	..	..	1
1934	54	41	13	..	..	3
1933	57	36	21	..	..	2
1932	71	36	29	5	1	6
1931	59	36	20	3	..	5

TABLE NO. 9
NONFATAL AND FATAL CASES OF LEAD POISONING IN CHILDREN
1931-1951

YEAR	CASES			DEATHS		
	Total	White	Colored	Total	White	Colored
TOTAL	350	107	243	91	31	60
1951	77	20	57	9	3	6
1950	31	2	29	2	..	2
1949	34	11	23	4	1	3
1948	31	4	27	4	1	3
1947	11	1	10	3	1	2
1946	13	7	6	4	2	2
1945	8	4	4	2	1	1
1944	9	5	4	1	..	1
1943	10	3	7	5	2	3
1942	13	1	12	5	..	5
1941	15	4	11	3	2	1
1940	12	3	9	7	..	7
1939	11	6	5	4	3	1
1938	13	9	4	6	4	2
1937	10	7	3	2	1	1
1936	19	12	7	8	4	4
1935	17	2	15	10	2	8
1934	10	4	6	6	2	4
1933	2	1	1	2	1	1
1932	2	1	1	2	1	1
1931	2	..	2	2	..	2



HOUSING BUREAU

HOUSING BUREAU

G. Yates Cook

Director

On February 17, 1951, City Ordinance No. 1543 (Sections 77A-77C of Article 12 of the Baltimore City Code of 1950) was approved by Mayor Thomas D'Alesandro, Jr. establishing a Housing Bureau in the Baltimore City Health Department. In operation since 1943 as the Division of Housing, and since 1949 as the Office of Housing and Law Enforcement, the creation of the new bureau was designed to channel the administration and enforcement of laws against city slums and blighted areas into one co-ordinated effort known as the Baltimore Plan of Housing Law Enforcement.

To assist in the planning and promotion of the law enforcement program of the new Housing Bureau, and in accordance with the provisions of the Ordinance, Mayor D'Alesandro on March 8 appointed the Bureau's Advisory Council of seventeen prominent civic-minded citizens under the chairmanship of Mr. James W. Rouse.

The establishment and organization of the bureau necessitated increased personnel to cope with the accelerated program that had been undertaken. From a staff of twenty-two in 1949, the impetus of and need for the law enforcement program developed into an administrative, clerical and inspectional staff numbering thirty-three.

The bureau devoted major attention and energy to the Baltimore Plan Pilot Program. Although the inauguration of this project preceded the passage of Ordinance No. 1543 by two months, many of the duties and responsibilities outlined in the ordinance became an integral part of this experimental program.

The purpose of the Pilot Program is to define and appraise the operations of the Baltimore Plan under controlled conditions. The area selected consisted of 27 census tract blocks in East Baltimore bounded by Chester, Preston, Caroline and Chase Streets. Before any enforcement activities were begun, representatives of the U. S. Public Health Service directed a survey of housing conditions in the entire area, using the American Public Health Association's housing appraisal technique. The Department of Planning, the Housing Authority of Baltimore City, the Redevelopment Commission, the Police Department and the Health Department's Divisions of Rodent Control and Community Sanitation and its Bureau of Public Health Nursing assisted in this project by assigning personnel to conduct the survey. When the program is finished, the area will be re-surveyed with the same technique.

On May 23, the Blitz Block Clean-up marked the beginning of law enforcement in the Pilot Area. Mayor Thomas D'Alesandro, Jr. on July 19 dedicated a rehabilitated house as the Brotherhood Pilot House of the area. Not only has the Pilot Program integrated all municipal departments and bureaus bent on law compliance by owners and occupants, but social service, education and recreation authorities also contributed their specialties to raise the standards of living within the area. Financed by funds raised by Fight Blight, Inc., the Encyclopaedia Britannica Films, Inc. began a film recording of the work of the Pilot Program. Concurrent with the aforementioned activities the bureau's staff engaged in a limited number of inspections throughout the rest of the city.

Another milestone of the bureau's activities was reached when the radio program, "The People Act," was broadcast on January 27 over the facilities of the National Broadcasting Company; this program under the title "Crusade in Baltimore" presented the story of the Baltimore Plan. A number of national magazine articles appeared on Baltimore's slum clearance program and it is noteworthy that the bureau had received a number of requests for detailed material on the Baltimore Plan program by letters and from visitors from many cities in this country and abroad.

Law Enforcement—Pilot Program Area

To promote coordinated law enforcement in regard to dwellings, a procedure was developed for the Pilot Area for joint inspections to uncover health, electrical, building, fire and zoning violations without duplication of effort. This procedure was planned by a Law Enforcement Committee composed of representatives of all government agencies concerned with regulation of dwellings. Inspections were made by teams of inspectors—building, electric, fire, housing and sanitary police. Team inspections were made on approximately 60 per cent of the properties and the remainder were inspected by a single Housing Bureau inspector using techniques previously developed.

The need for neighborhood understanding and approval led to the formation of a Neighborhood Committee to serve as a liaison between the neighborhood and representatives of public and voluntary agencies. The Pilot House, a slum house restored under the auspices of Brotherhood Service, Inc., a corporation established through the interest of the First Church of the Brethren in Baltimore, served not only as an example of rehabilitation at modest cost but also as a field office for the enforcement personnel and as an information and referral center. Young people assigned by the Brethren Volunteer Service, an international service program of the Brethren Service Committee with its central office at Elgin, Illinois, staffed the

referral center, aided owner-occupants in making repairs, and contributed to the recreation program of the area.

The Pilot Program area is 86.8 per cent Negro occupied and over 50 per cent of the residents own or are purchasing their homes. Notices to correct violations of the Housing Code were issued on 786 properties or 99.4 per cent of those inspected. Structural corrections were ordered on 125 properties or 25 per cent of those inspected by the team. Electrical corrections were ordered on 415 properties or 83 per cent of the team-inspected dwellings, fire prevention measures on 219 properties or 43.8 per cent, and correction of zoning violations on 46 properties or 9.2 per cent.

Law Enforcement—General

Because of the existence of extremely insanitary and hazardous conditions or the failure of owners to comply with notices, 1 rooming house and 95 dwellings throughout Baltimore were ordered vacated by the Commissioner of Health during 1951. Fourteen properties which had been ordered vacated were razed and 63 were approved for reoccupancy after repairs.

A continuing effort was made to obtain full compliance in blocks previously enforced on an area basis. The number of active cases in the Sharp, Urban, and Franklin areas was reduced from 675 to 216 during the year. Almost all the remaining active cases represented owners with severe financial problems.

The Housing Bureau reviewed 717 sets of plans for dwelling alterations and conversions to assure compliance with the Housing Code; 92 were disapproved. Inspection reports on 305 multiple family and commercial dwellings, in the Pilot Area and elsewhere, were referred to the Zoning Enforcement Officer, who found 49 to be occupied in violation of the Zoning Ordinance. The Housing Bureau received complaints and either handled them or referred them to other bureaus or agencies. A master file was set up in 1951 to coordinate all notices sent out by units of the Health Department.

Hearings and Housing Court

A significant development was the formation of a Pilot Program Hearing Board comprising representatives of various municipal agencies concerned with the operation of the Pilot Program. During weekly sessions at the Pilot House, the board reviewed 87 cases of failure to comply with notices. Notices were explained and complaints were discussed. Where appropriate, the owner was referred to the Legal Aid Bureau, Volunteer Unit, Neighborhood Committee or other sources of help.

Similar review of cases outside the Pilot Area involving Health Depart-

ment notices only were carried on by the Housing Bureau staff. Owners of 17 dwellings where conditions had not been corrected appeared for these hearings.

In 108 instances it was necessary to have summonses issued for failure to correct unhealthful conditions. Of these, 102 were issued to owners or agents and 6 to tenants. Fifty-four were found guilty and fined a total of \$1,637 in the Housing Court. Four defendants sought trial in the Criminal Court; all were found guilty and fined a total of \$400.

Public Information Activities

In carrying out the activities of informing the public about the work of the Housing Bureau, approximately 7,200 citizens of Baltimore were made more familiar with the Baltimore Plan through scheduled talks and tours. Twelve states and four foreign countries were represented by 84 out-of-town visitors to the Housing Bureau during the year. There was correspondence with 72 cities in 29 states as a result of their written requests for descriptive material pertaining to Housing Law Enforcement.

Sixty-two illustrated lectures were attended by 6,558 persons and 640 youths and adults participated in 53 group field trips. The work of the bureau was presented on six radio and television programs.

Educational Activities

The Pilot Program was designed to bring to bear on an entire neighborhood the full combination of forces available to the city with the fullest possible participation by the people in the neighborhood and by interested educational, religious and civic groups. A Social Service Committee and its subsections surveyed facilities in the Pilot Area, attempted to discover deficiencies, and suggested improvements. Recognition of the need of residents to know more about services available led to a training program for members of the Brethren Volunteer Unit so that they might effectively refer persons needing help to clinics and other social agencies. Recognition of the recreation deficiencies in the area brought about an allocation of funds by the Bureau of Recreation to develop two small play areas for small children.

An Educational Committee appointed by the Superintendent of Public Instruction directed a program in schools adjacent to the Pilot Area. The purpose was to interpret to children the function and content of the housing laws and to bring to them the knowledge and skills which can help them improve the houses they live in and their home environment. It included slide talks, field trips, and many varied classroom activities, radio and television programs and school assemblies. A Steering Committee co-

ordinated the work of the various committees concerned with the Pilot Program and a Project Analysis Committee has helped guide studies to determine costs and results.

In addition to the educational program organized in connection with the Pilot Program, the bureau's staff participated in many educational activities carried on throughout the city by schools, by the administration of the Department of Education, and by civic groups.

During the year, many children in public and private schools, and two hundred teachers enrolled in the Department of Education's Community Study Workshop, became more familiar with the problem of blight and with the program of the bureau through slide talks, field trips, and printed materials. A two week course in housing was organized for students in the senior class at the Gilman School.

The Educational Director participated in the Education Committee of the Citizens Planning and Housing Association, and assisted this group in devising a guide to an educational program for schools in blighted areas. She also was able to aid the Advisory Council's Recreation Committee in making its survey and preparing its report on "How City-Owned Lots Can Contribute to the Educational and Recreational Needs of Baltimore." An intensive in-service orientation program was also organized for the administrative staff members who joined the bureau late in the year.

Organizational Changes

With the creation of the Housing Bureau, Mayor D'Alesandro appointed seventeen citizens to serve on an Advisory Council to the Housing Bureau to assist the director in promoting and planning the program of the bureau. The members represent real estate, education, labor, finance, civic and other interests.

The burden of administrative and supervisory details was lessened for the director through appointment in August of an assistant director. An Educational Director and a Public Information Assistant were employed in July. Since that time, methods of coordinating a vigorous program of Public Information and Education have been instituted for the purpose of making the aims, methods and accomplishments of the Baltimore Plan of Housing Law Enforcement more generally understood and accepted throughout the community. A senior statistician and senior draftsman have been added to the staff. The clerical staff totaled nine members and an inspectional force of eighteen was provided by the 1951 budget.

Personnel

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REPORT OF THE HEALTH DEPARTMENT—1951

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Betty M. Sopher, Senior Stenographer
Gertrude Gill, Junior Stenographer

TABLE NO. 1
DWELLING INSPECTIONS

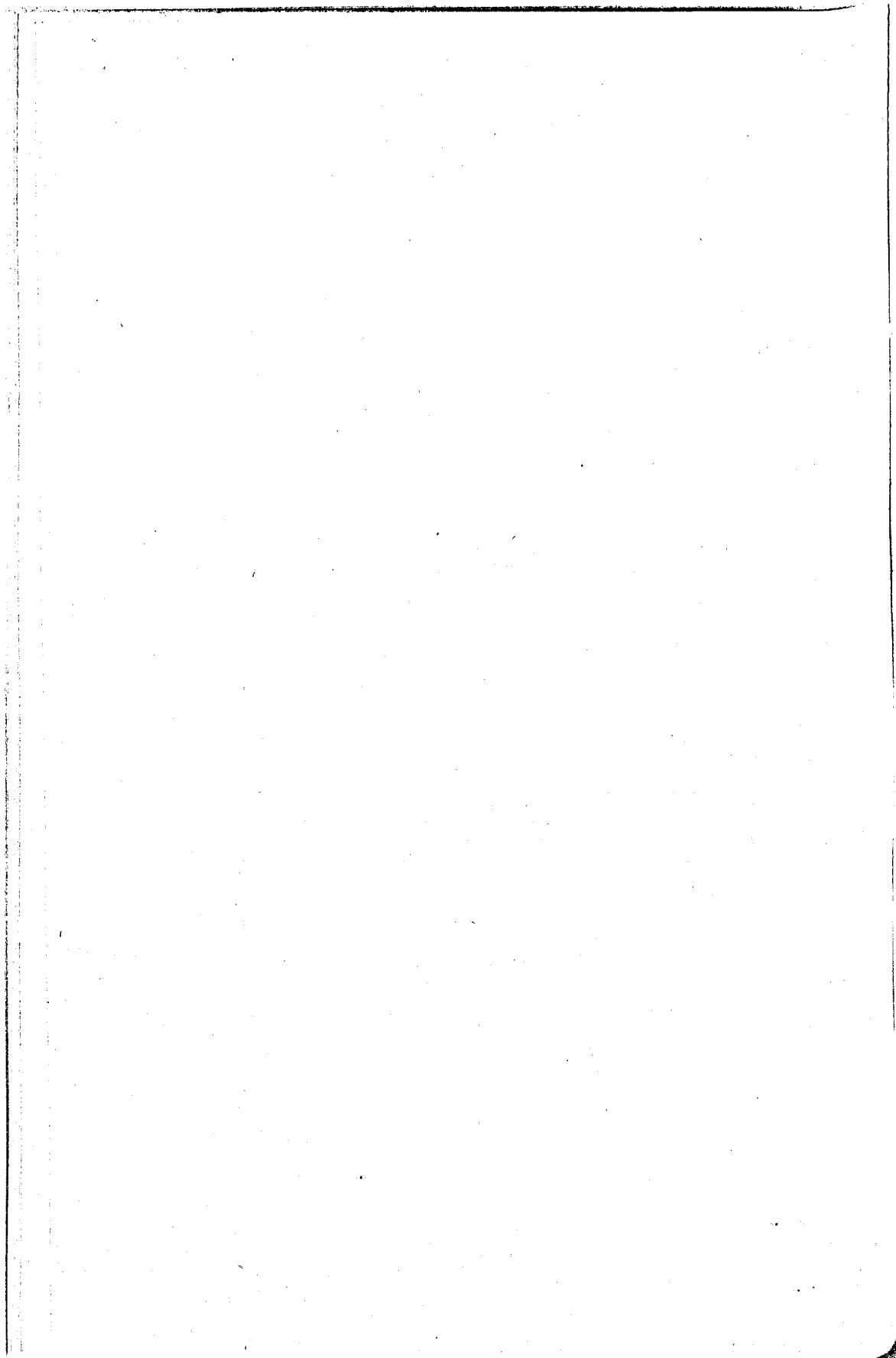
	1951	1950
HOUSING LAW ENFORCEMENT AREAS		
Number of blocks inspected	24	34
Total properties inspected	791	1,175
Total dwelling units	1,037	1,915
White	148	164
Negro	861	1,691
Vacant	28	60
Notices issued: To owners	841	1,162
To vacate premises or dwelling unit	38	30
To tenants	337	516
Owner notice disposition: Complied with	608	1,018
Pending	1,051	675

TABLE NO. 2
HANDLING OF DWELLING INSPECTIONS

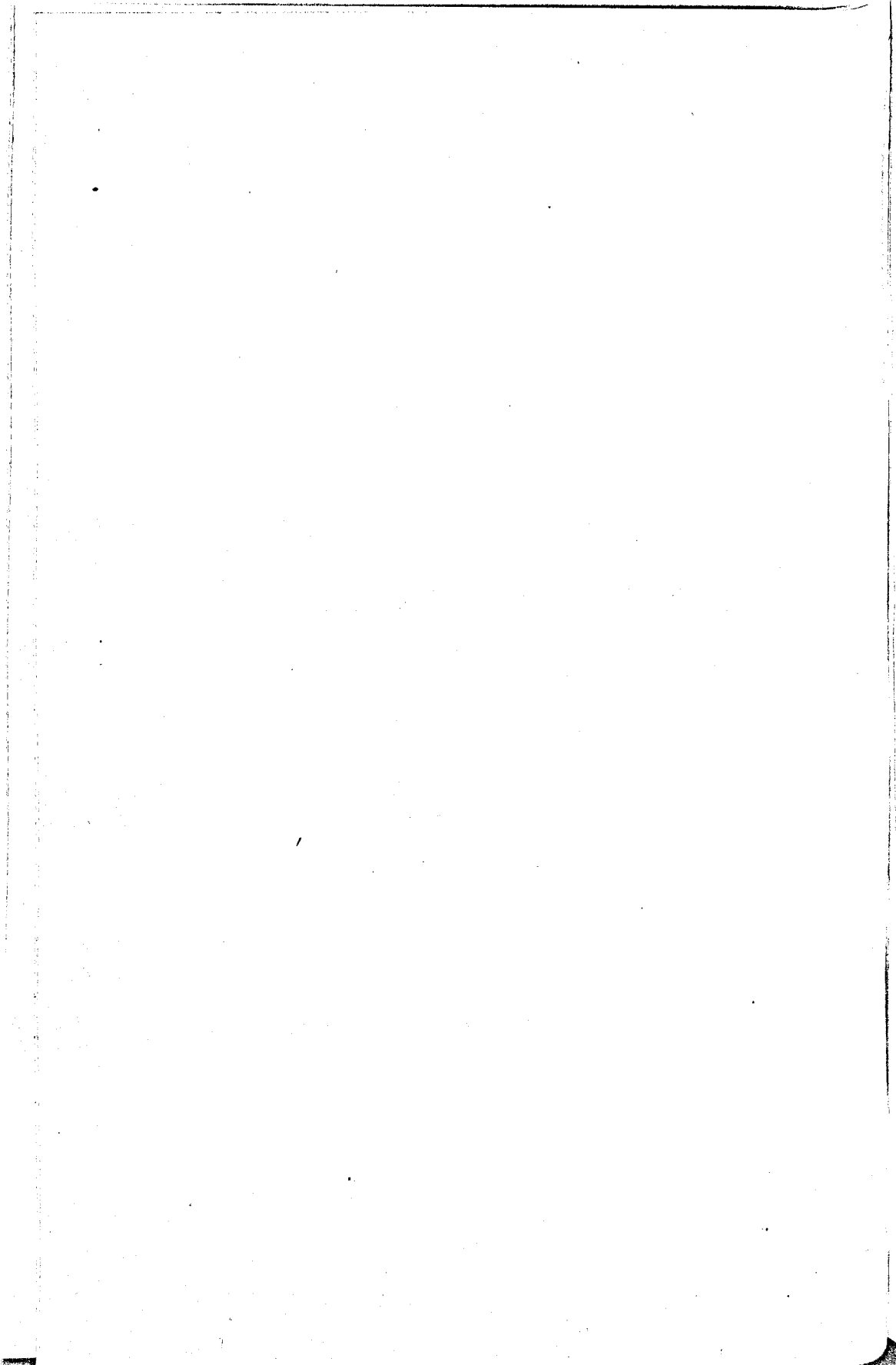
ACTION TAKEN	1951	1950
Notices issued:		
To owners	984	1,589
To tenants	463	2,430
To vacate premises or dwelling unit	96	101
Notice disposition		
Complied with	672	1,131
Hearings for failure to comply with notices	105	77
Summonses issued for failure to comply with notices	108	68
Cases tried in Criminal Court	4	4
DISPOSITION		
No violations found	11	17
Dwelling units improved	1,189	1,772
Dwellings vacated	96	101
Dwellings demolished	14	23

TABLE NO. 3
HOUSING INSPECTIONS

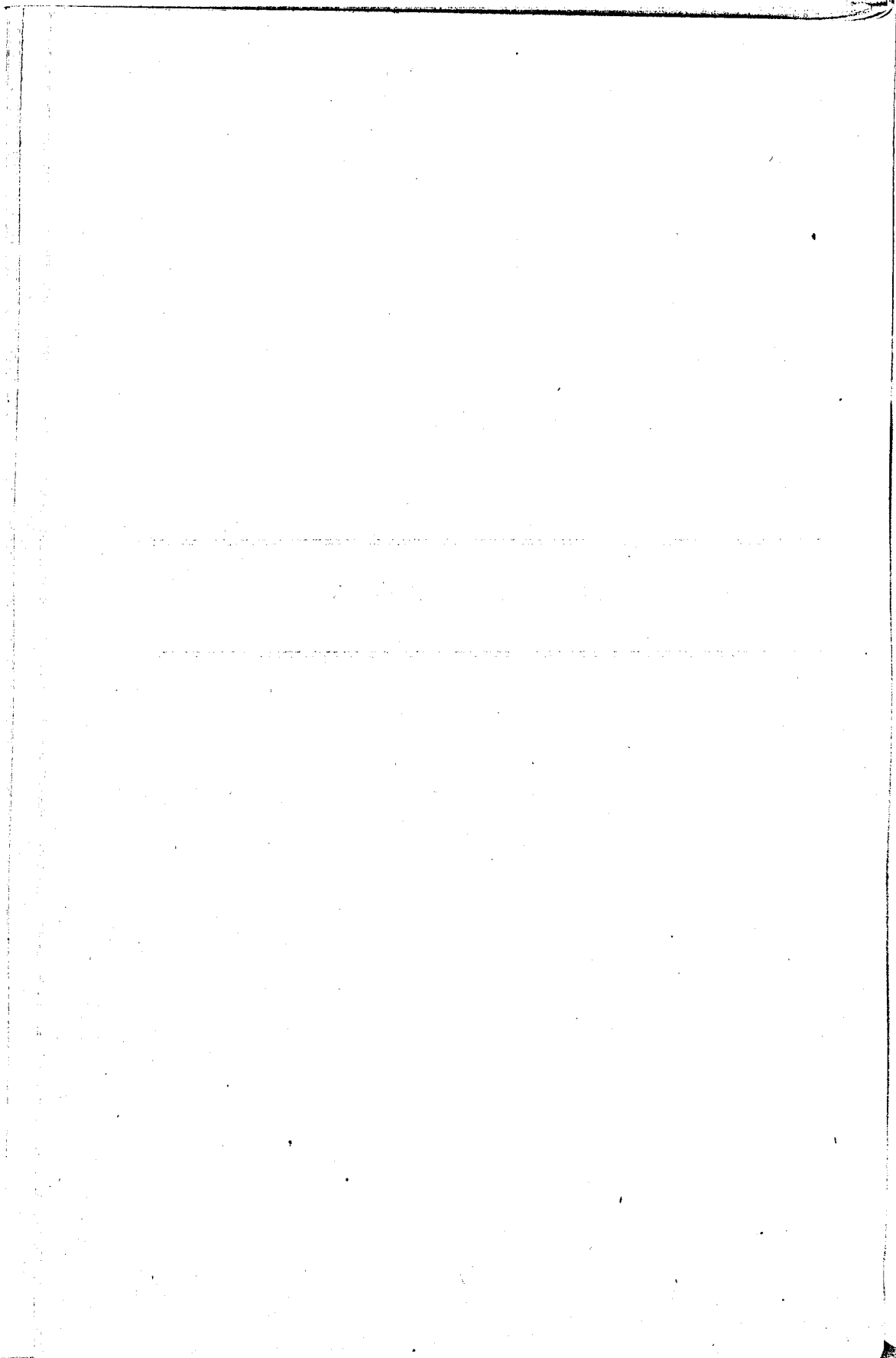
TYPE OF INSPECTION	1951	1950
TOTAL	5,431	10,416
Dwellings	1,046	1,245
Reinspections	4,187	9,171



STATISTICAL SECTION



STATISTICAL SECTION



STATISTICAL SECTION

W. Thurber Fales, Sc.D.

Director

The reports of the Bureau of Biostatistics and the Bureau of Vital Records describe the main activities of the Statistical Section. The results of the Federal Registration Test of birth registration in connection with the 1950 U. S. Census showed that 99.6 per cent of the births occurring in Baltimore during the first three months of 1950 were reported. A similar test conducted in connection with the 1940 U. S. Census showed 97.7 per cent completeness.

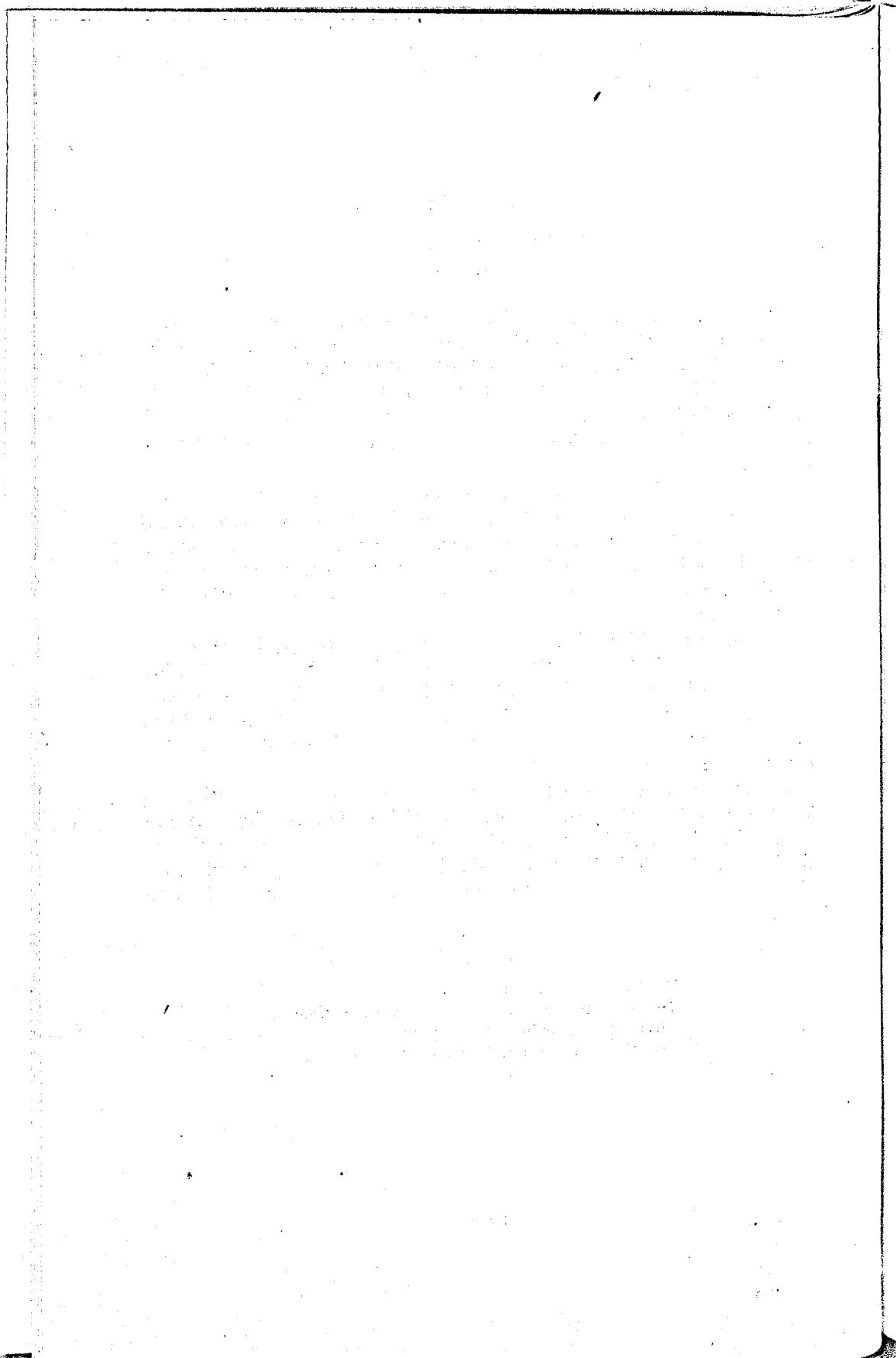
The Statistical Section continued to improve its services in the field of public records. The Birth Record Correction Advisory Service in co-operation with the Legal Aid Bureau, Inc., continued its service by holding bi-weekly sessions after regular office hours. Certified transcripts of birth and death certificates were changed from typescripts to photostatic copies of the records.

The Bureau of Biostatistics continued its cooperation with the several bureaus of the Health Department in the administration and evaluation of the operating programs. The Statistical Section continued to act as a center for demographic data relating to the population of Baltimore City. Special attention was paid to the estimation of child population for the use of the City Department of Education.

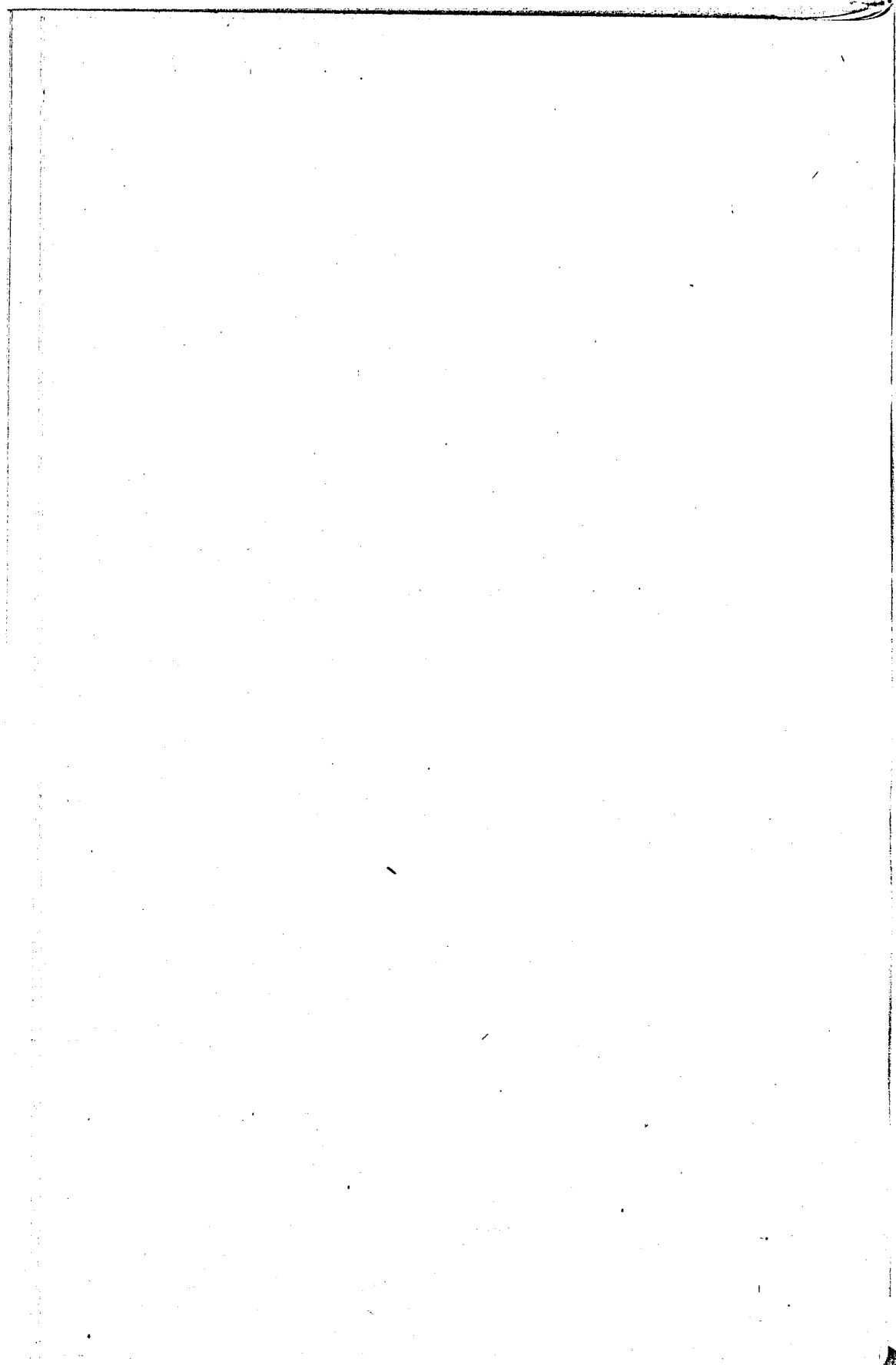
The director of the section was granted a leave of absence during the last four months of the year in order to participate in a training course in vital and health statistics conducted by the Statistical Office of the United Nations and the World Health Organization at Nuwara Eliya, Ceylon. He also conducted a survey of health statistics in several countries of South Asia.

Personnel

W. Thurber Fales, Sc.D., Director
Irving J. Hurwitz, Junior Administrative Officer
Phyllis Beck, Senior Stenographer
Dorothy L. Horowitz, Junior Draftsman



BUREAU OF BIOSTATISTICS



BUREAU OF BIOSTATISTICS

Matthew Taback, M.A.

Director

The Bureau of Biostatistics continued its program of utilizing statistical methodology as a technique capable of classifying human events and reducing mass observations to a few meaningful indices. Of equal importance from the point of view of assisting towards well-determined administrative decision on current public health problems was the application of developments in sampling theory and study design to problems affecting the programs of the Health Department.

Public Health Statistics

Assistance in the administration and evaluation of operating programs was provided through activities of the public health statistics division. Close working relationship with the Bureau of Child Hygiene resulted in a joint study among infants of the association of tuberculous infection and incidental exposure. An analysis of maternal mortality records was commenced in order to assist the Chief of the Division of Maternity Hygiene in the preparation of a paper on recent trends in causes of death associated with maternity.

An interim report relative to the prognosis of tuberculous cases following notification to the Health Department was prepared with the assistance of the director and statistician of the Bureau of Tuberculosis. The report, based upon careful and complete follow-up annually of all cases reported in 1949, provided some insight into the history of a tuberculous case following diagnosis.

The manner in which an integrated attack on a problem affecting the public health can quickly reach a solution was demonstrated by a study conducted by the Bureau of Biostatistics together with the health authority of a nearby county and the Director of the Bureau of Food Control of the Baltimore City Health Department on an incident of food poisoning affecting residents of Baltimore during a summer picnic outside of the city limits. On-the-spot investigation by the health department of the county in which exposure took place, the securing of the epidemiological histories of all exposed persons by the Bureau of Food Control and the application of basic methods of epidemiological analysis by the biostatistician uncovered with little uncertainty the probable vehicle of infection. It is to be remarked that solution in this case was successfully achieved without laboratory examination of specimens, which were not available.

Forecasting, a disagreeable task for the biostatistician in view of the risk involved, is however undertaken with reasonable certainty in the case of measles. During the early part of the year, an outbreak of measles was indicated for the latter part of 1951 based upon its previous history in this city. Thus, well before the outbreak, the Bureaus of Public Health Nursing and Communicable Diseases were able to give consideration to a review of visiting and reporting procedures in view of the effective role of gamma globulin as a prophylactic agent and as a result of the mildness of the disease in recent years.

Medical Care Statistics

The director served on a Subcommittee on Drugs of the Advisory Committee on Medical Care. In an attempt to achieve a high quality of service in the provision of drugs at a minimum cost, a sample of 1,000 prescriptions were studied. The particular role of the bureau concerned itself with advice relating to the variables in prescription writing which merited study and the manner in which quantitative methods could be pursued towards measurement of such variables. This investigation was one of the earliest attempts on the part of the Medical Care Section and the Bureau of Biostatistics to evaluate in an objective manner the quality of medical care rendered under the Baltimore City Medical Care program.

Population and Vital Statistics

Fragmentary releases of data by the Bureau of the Census have prevented any thoroughgoing analysis of the population characteristics of the city based on the 1950 census. However, with the information released during 1951, a short paper was prepared on the age and general geographical distribution of the population and a forecast was developed for the metropolitan area. The bureau continued to act as a center for population statistics for which requests are received from many community organizations.

Emphasis in the area of mortality analysis was centered about a query program which was particularly designed to obtain more details concerning the primary site of carcinomas and the chronicity of rheumatic fever when given as an underlying cause of death.

In view of the extent of the problem of fetal death and the difficulty of obtaining useful information on causes of such events, the bureau has given some consideration to the revision of the fetal death certificate and to a practical reporting system for obtaining a complete reporting of all fetal deaths.

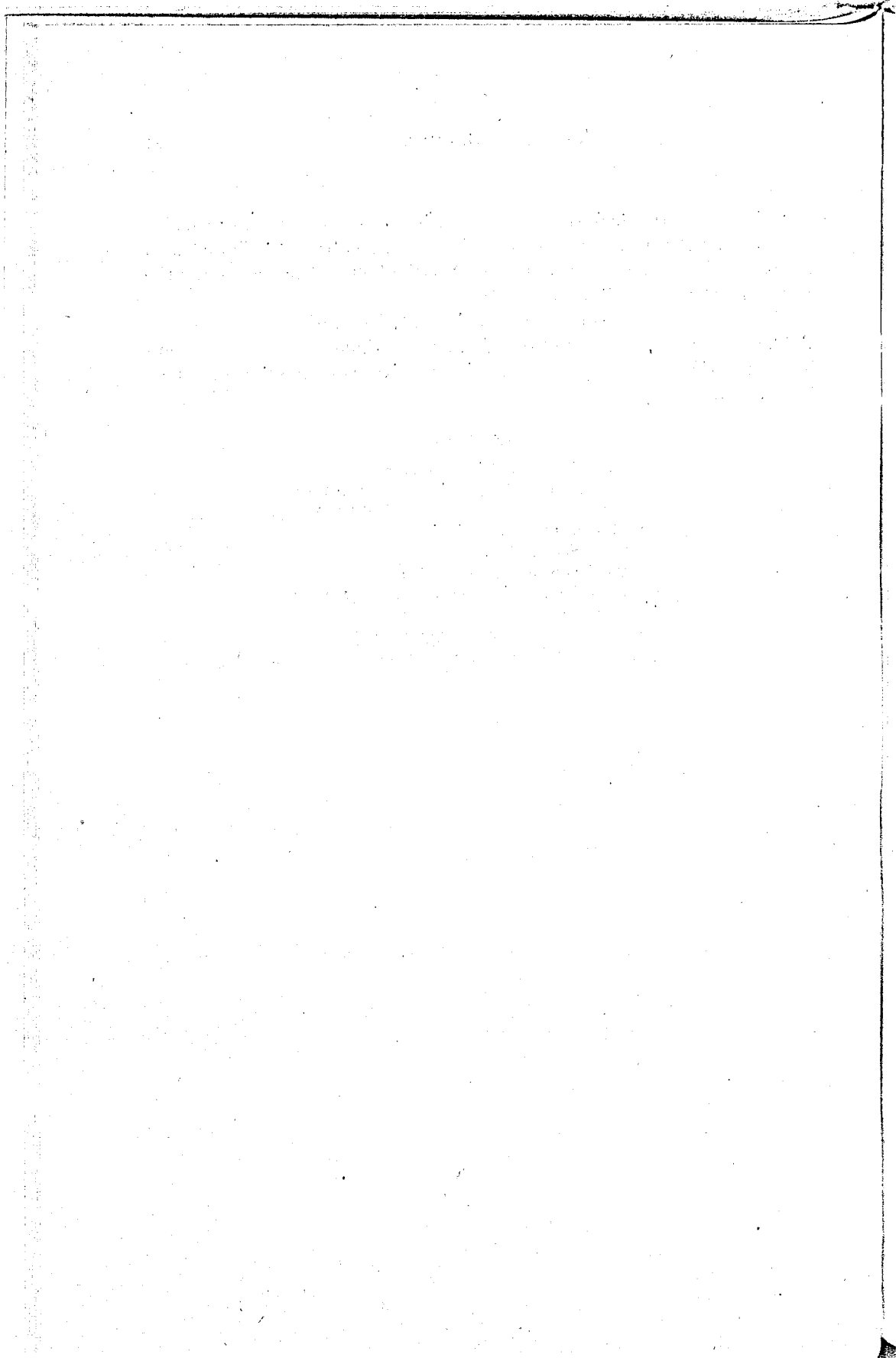
Special Services

Assistance in the analysis of juvenile delinquency records was provided the Juvenile Court. The information developed has been distributed with the permission of the officers of the court to the Police Department and the Housing Authority of Baltimore City.

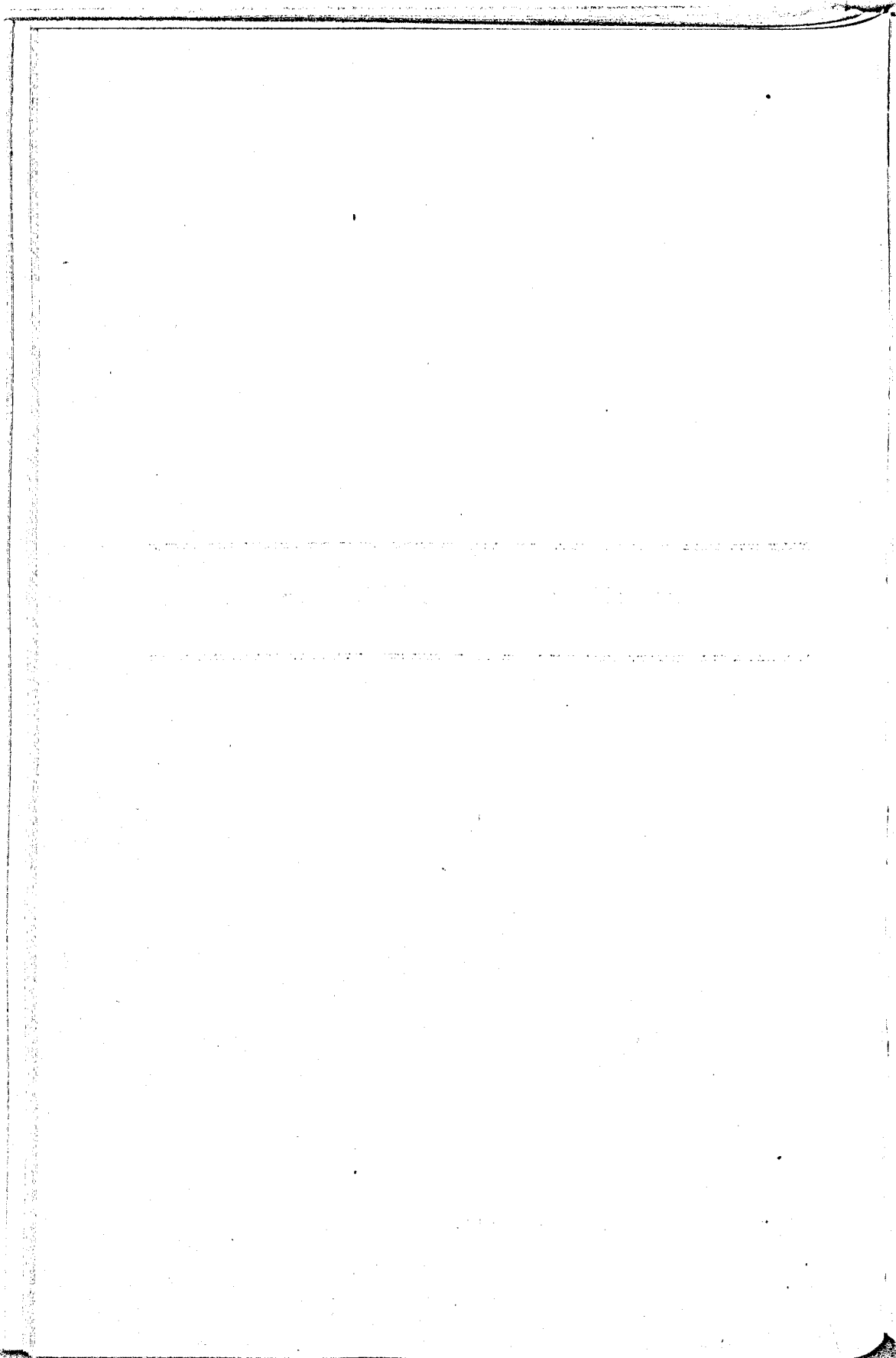
The director served as chairman of the Natality Statistics Group of the Public Health Conference on Statistics, and continued to serve as a member of the Committee on Survey of Nursing Needs of the State Medical Care Committee.

Personnel

Matthew L. Taback, M.A., Director
Margaret E. Amspacher, Senior Statistical Clerk
Elizabeth V. Steman, Senior Statistical Clerk
Myrtle Baker, Statistical Clerk
Ruth Gees, Senior Clerk
Zelda Bender, Senior Stenographer
Kenyon Burdick, Tabulating Equipment Operator
Helen Boesche, Key Punch Operator
Anna Greengold, Key Punch Operator
Ida M. Padgett, Key Punch Operator



BUREAU OF VITAL RECORDS



BUREAU OF VITAL RECORDS

Sidney M. Norton, B.S.

Director

The effects of an expanding population and economic conditions in Baltimore during 1951 were reflected in the major activities of the bureau for that period. Of particular import was the total number of transcripts issued; 21,058 official transcripts of birth and 35,368 certified photostatic copies of death certificates were issued. The latter total is the highest in the bureau's history and was caused by a continuous demand for legal proof of death in adjudicating social security claims and in settling death claims with numerous life insurance companies. A 15 per cent increased demand for birth transcripts over the number issued in 1950 can be traced to the establishment of private pension systems in industrial concerns and to an increase in travel to foreign countries for which proof of citizenship is required. There was an extremely significant decline in unemployment compensation cases during the year, which was attributed to a decrease of 45 per cent in applications for verifications of birth as compared with the number issued in 1950, most of them furnished to the Unemployment Compensation Division of the State Department of Employment Security. An 18 per cent increase over 1950 in the number of statement of age cards, the majority of which were issued for admission of new pupils into the public and parochial schools, signified a marked rise in the school population for the year.

The Birth Record Correction Advisory Service sponsored jointly by the Bureau of Vital Records and the Legal Aid Bureau, Inc., began its second successful year of operation. Publicity given this project by the press resulted in added impetus to the many requests for assistance with corrections of birth certificates involving the legitimacy status of children, especially in cases of adoption, legitimation and paternity. The usual services, available during regular business hours, were called on for greater assistance because of the continued publicity given the advisory service. A total of 411 interviews was held during the 24 evening sessions. Of this total, 79 cases involved adoption; 96 dealt with problems involving the legitimation of offspring; 10 cases involved adjudication of paternity with court action, and 6 without any court action; 16 cases related to legal changes of names; 20 cases involved corrections in names of children on the basis of usage; 105 cases concerned other types of corrections made on birth certificates; 46 cases involved the filing of delayed birth certificates; and 25 cases were referred to other birth registration areas. Thirty-four cases were referred

to the Legal Aid Bureau for further legal action and 22 cases were referred to private attorneys.

In connection with the bureau's participation in the 1950 Birth Registration Test conducted by the Bureau of the Census in cooperation with the National Office of Vital Statistics, it is noteworthy to mention that a 99.6 per cent completeness of birth registration was attained for all births occurring during the first three months of 1950. This achievement was the result of the excellent cooperation given by hospital superintendents and their medical records personnel, and by private physicians and midwives. This meritorious percentage of completeness of birth registration in Baltimore showed an increase of 1.9 per cent over that achieved in 1940. This means that only 4 out of every 1,000 babies born during the first three months of 1950 in Baltimore were not registered with this bureau.

In keeping with the advances made in registration practices in the entire nation, the Commissioner of Health approved the use of the short form of birth certification. This form of birth certification was put into use to protect certain individuals from unnecessary and possibly harmful revelation of embarrassing information, particularly children born out of wedlock, adopted, or legitimated by the subsequent intermarriage of their natural parents. In addition, it was found that most requests for this type of certification came from persons requiring evidence of age and citizenship for employment and for obtaining various kinds of licenses. The short form was introduced in August and comprised 45 per cent of all official transcripts of birth issued from that date to the end of the year. The popularity of this form is spreading rapidly and is being accepted by all agencies for most certification purposes. It contains only the name of the registrant, sex, date of birth, the place of birth (Baltimore, Maryland), the date of filing, and the certificate number.

The director served as Chief of Vital Records of the Baltimore City Civil Defense Health Service, and plans were submitted for vital records participation in the civil defense program. These were concerned mainly with the adjustment of birth and death registration during a possible atomic bomb disaster. In connection with the establishment of emergency mortuary services, the director mailed questionnaires to funeral directors for the purpose of ascertaining the available manpower for mortuary teams whose duty will be to identify and to make final disposition of the dead following a major atomic disaster. Funeral directors gave commendable cooperation and promised to organize 30 teams to participate in the civil defense effort. At the end of the year 19 teams had already been formed.

A most significant factor in registration is the noteworthy decline in the number of unreported births during the year. Such births refer to birth certificates of children under six years of age which were not registered

during the year. In 1950 a total of 146 such cases were adjudicated; in 1951 there was a drop to 49 cases. It is hoped that the number of unreported births will diminish gradually because of the progress made in attaining complete birth registration during the past decade. Delayed birth certificates filed amounted to 380 for the year. Most requests came from persons 60 years of age and over who required proof of age mainly for pension or social security purposes.

Replaced certificates on the basis of adoption and legitimation continued to increase. A total of 502 records was replaced in cases involving legal adoption, and 262 certificates were replaced following the legitimation of out-of-wedlock children. These replacements are provided for in Section 22 of Article 43 of the State Annotated Code. The increase in this major bureau activity was attributed to the fact that parents were anxious to have their children's birth records corrected before they entered school for the first time in order to avoid any unpleasant situations from arising.

In March the bureau began to issue certified photostatic copies of birth and death certificates. This change in certification procedures brought to an end the practice of issuing typewritten transcripts of vital records; it resulted in a modern processing method which was favorably received by funeral directors and government agencies. The photographic reproduction of vital records has brought about an efficient and expeditious system for handling the increasing volume of requests for certified copies of such records.

As a proper control over the certified photostatic copies and over other official transcripts of records issued by the bureau, the City Auditor recommended the purchase of an Electric Certifier and an Electric Protectograph Seal embosser. The installation of these machines assured the necessary control and audit over official transcripts of vital records for which bonafide requests had been made with the Bureau of Receipts.

Table No. 1 contains comparable data of selected vital records activities for the decade beginning with 1942 soon after the United States actively entered World War II and when the bureau was taxed most heavily for transcripts of birth records to prove the facts of birth and citizenship. Although the data do not include the volume of corrections effected during 1951, it is of extreme importance to note that a total of 6,469 corrections, including addition of given names, was made on birth records of registrants under 6 years of age; 1,114 given names and 919 corrections were made on birth records of registrants 6 years of age and over; and 540 corrections were effected on death certificates registered with the bureau.

Table No. 2 contains the activities of the Division of the Morgue and Public Cemetery, carried out in conjunction with the functions of the Office of the Chief Medical Examiner of Maryland.

Personnel

Sidney M. Norton, B.S., Director
Ida S. Blum, Principal Clerk
James G. McLaughlin, Principal Clerk
Frieda Meizlish, Senior Stenographer
Irene Fradin, Senior Clerk
Mary A. Hohrein, Senior Clerk
A. Walter Just, Senior Clerk
Lorraine Meyers, Senior Clerk
Josephine A. Roemer, Senior Clerk
Linda D. Whitney, Senior Clerk
Dorothy Brown, Clerk-Typist
Dolores Evans, Clerk-Typist
Shirley Simmons, Junior Typist
Rona G. Sodden, Junior Typist
Antoinette M. Spinoso, Junior Typist
Gloria Sussman, Junior Typist
John P. Boyle, Chauffeur
James H. Carter, Chauffeur

BUREAU OF VITAL RECORDS

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TABLE NO. 1
SELECTED VITAL RECORDS ACTIVITIES FOR THE PERIOD 1942-1951

YEAR	CERTIFICATIONS ISSUED			VERIFICATIONS ISSUED			DELAYED BIRTH RECORDS FILED		CERTIFICATES REPLACED† (Section 22, Article 43)	
	Birth* Transcripts	Death Transcripts	Search Certificates	Birth	Death	Statement of Age Cards	1-5 Years Unreported Births	6 Years And Over	Adoption	Legitimation
1951	21,058	35,368	2,964	6,057	751	3,403	49	380	502	262
1950	16,711	33,438	2,222	8,825	1,010	2,783	146	331	486	215
1949	20,669	33,018	1,902	8,541	215	3,319	136	254	463	136
1948	16,118	29,503	1,387	5,612	1,074	5,896	95	204	479	180
1947	11,204	28,781	1,443	2,654	207	6,176	138	256	525	155
1946	14,767	26,808	1,538	2,650	319	na	134	286	419	138
1945	20,361	25,897	2,193	9,924	1,173	na	165	389	390	205
1944	24,575	23,676	2,283	2,708	600	na	65‡	588	340	215
1943	37,899	22,278	5,585	na	na	na	114‡	2,084	na	na
1942	52,572	18,930	na	na	na	na	56‡	3,613	na	na

na—Data not available.

* Includes 3,067 Certifications of Birth—Short Form issued from August 1–December 31, 1951.

† In 1951, 1 birth certificate replaced upon adjudication of paternity by Domestic Relations Department.

‡ Data taken from records of Bureau of Child Hygiene activities.

TABLE NO. 2
ACTIVITIES OF DIVISION OF THE MORGUE AND PUBLIC CEMETERY—1951

	TOTAL	WHITE		COLORED	
		Male	Female	Male	Female
BODIES DELIVERED TO ANATOMICAL BOARD					
All bodies	602	218	119	180	82
Stillbirths*	250	82	63	60	43
Under 1 year*	180	66	41	40	32
Adults.....	172	70	15	80	7
BODIES BURIED IN PUBLIC CEMETERY					
All bodies	1	1	..	..	..
Adults.....	1	1	..	..	..
BODIES RECEIVED AT MORGUE					
All bodies	1,913	837	251	548	277
Stillbirths	29	8	4	10	7
Under 1 year†	130	36	24	39	40
Other children.....	71	29	14	19	9
Adults†.....	1,674	764	209	480	221

* Stillbirth total includes 1 white and 1 Negro—sex unknown. Under 1 year total includes 1 white—sex unknown.

† Under one year, male colored total includes 1 Chinese. Adults, male colored includes 1 Chinese.

VITAL STATISTICS TABLES

VITAL STATISTICS TABLES

1951

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- TABLE NO. 2A. RECORDED MARRIAGES WITH RATES PER 1,000 POPULATION BY COLOR, 1935-1951.
- TABLE NO. 2B. RECORDED MARRIAGES BY AGE OF GROOM AND BRIDE TOTAL, WHITE, COLORED: BALTIMORE—1951.
- TABLE NO. 3A. RECORDED AND RESIDENT LIVE BIRTHS AND FETAL DEATHS BY PLACE OF BIRTH AND ATTENDANCE: TOTAL, WHITE, COLORED—1951.
- TABLE NO. 3B. RESIDENT LIVE BIRTHS BY MONTH AND BY BIRTH-WEIGHT ACCORDING TO COLOR AND SEX—1951.
- TABLE NO. 4. MATERNAL, FETAL AND INFANT DEATHS AND CORRESPONDING RATES BY COLOR—1936-1951.
- TABLE NO. 5. RESIDENT DEATHS CLASSIFIED BY COLOR, SEX AND AGE AND DISTRIBUTED BY COLOR AND AGE BY MONTHS—1951.
- TABLE NO. 6. RECORDED AND RESIDENT DEATHS BY INSTITUTION AND COLOR—1951.
- TABLE NO. 7. RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH ACCORDING TO AGE AT DEATH—1951.
- TABLE NO. 8. RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1951.
- TABLE NO. 9. RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1951.
- TABLE NO. 10. ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE: BALTIMORE—1951.
- TABLE NO. 11. RESIDENT AND RECORDED DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR TOTAL, WHITE AND COLORED POPULATIONS—1940-1951.
- TABLE NO. 12. CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE PERIODS—1951.
- TABLE NO. 13. REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN COMMUNICABLE DISEASES ACCORDING TO COLOR—1934-1951.

TABLE NO. 1
ESTIMATED POPULATIONS, RESIDENT BIRTHS AND DEATHS WITH RATES PER
1,000 POPULATION BY COLOR, BALTIMORE, MARYLAND—1930-1951

YEAR	ESTIMATED POPULATION JULY 1			RESIDENT BIRTHS						RESIDENT DEATHS					
				NUMBER			RATES			NUMBER			RATES		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
1951...	953,000	723,000	230,000	22,630	14,938	7,692	23.7	20.7	33.4	10,885	7,996	2,889	11.4	11.1	12.6
1950...	950,000	723,000	227,000	21,382	14,168	7,214	22.5	19.6	31.8	10,624	7,835	2,789	11.2	10.8	12.3
1949...	947,000	727,300	219,700	21,496	14,507	6,989	22.7	19.9	31.8	10,772	7,973	2,799	11.4	11.0	12.7
1948...	943,000	729,000	214,000	22,083	15,414	6,669	23.4	21.1	31.2	11,097	8,201	2,896	11.8	11.2	13.5
1947...	938,000	729,800	208,200	23,992	17,799	6,193	25.6	24.4	29.7	11,011	8,232	2,779	11.7	11.3	13.3
1946...	933,000	730,500	202,500	21,111	15,805	5,306	22.6	21.6	26.2	10,798	8,061	2,737	11.6	11.0	13.5
1945...	930,000	732,800	197,200	17,848	13,308	4,540	19.2	18.2	23.0	11,358	8,481	2,877	12.2	11.6	14.6
1944...	937,000	743,000	194,000	18,830	14,021	4,809	20.1	18.9	24.8	11,544	8,552	2,992	12.3	11.5	15.4
1943...	963,000	769,000	194,000	21,064	16,077	4,977	21.9	20.9	25.7	12,530	9,315	3,215	13.0	12.1	16.6
1942...	936,000	754,400	181,600	19,720	15,076	4,644	21.1	20.0	25.6	11,347	8,397	2,950	12.1	11.1	16.2
1941...	866,000	698,000	168,000	15,995	11,886	4,109	18.5	17.0	24.5	11,160	8,132	3,028	12.9	11.7	18.0
1940...	860,456	693,208	167,188	13,712	10,105	3,607	15.9	14.6	21.6	11,096	8,243	2,853	12.9	11.9	17.1
1939...	855,033	690,318	164,715	12,525	9,211	3,314	14.6	13.3	20.1	10,386	7,907	2,479	12.1	11.5	15.1
1938...	849,610	687,348	162,262	13,208	9,892	3,316	15.5	14.4	20.4	10,618	8,034	2,584	12.5	11.7	15.9
1937...	844,187	684,361	159,826	12,516	9,370	3,146	14.8	13.7	19.7	11,244	8,415	2,829	13.3	12.3	17.7
1936...	838,764	681,356	157,408	11,801	8,956	2,845	14.1	13.1	18.1	11,058	8,134	2,924	13.2	11.9	18.6
1935...	833,341	678,332	155,009	12,332	9,363	2,969	14.8	13.8	19.2	10,707	7,917	2,790	12.8	11.7	18.0
1934...	827,918	675,291	152,627	12,201	9,196	3,005	14.7	13.6	19.7	10,764	8,049	2,715	13.0	11.9	17.8
1933...	822,495	672,232	150,263	12,189	9,130	3,059	14.8	13.6	20.4	10,505	7,923	2,582	12.8	11.8	17.2
1932...	817,072	669,155	147,917	12,785	9,737	3,048	15.6	14.6	20.6	10,309	7,622	2,687	12.6	11.4	18.2
1931...	811,649	666,059	145,590	13,162	10,130	3,032	16.2	15.2	20.8	11,088	8,155	2,933	13.7	12.2	20.1
1930...	806,226	662,946	143,280	13,872	10,731	3,141	17.2	16.2	21.9	10,806	8,011	2,795	13.4	12.1	19.5

TABLE NO. 2A
RECORDED MARRIAGES WITH RATES PER 1,000 POPULATION BY COLOR
1935-1951

YEAR	NUMBER			RATE		
	Total	White	Colored	Total	White	Colored
1951.....	12,851	9,108	3,743	13.5	12.6	16.3
1950.....	13,075	9,618	3,457	13.8	13.3	15.2
1949.....	12,701	9,471	3,230	13.4	13.0	14.7
1948.....	15,639	11,782	3,857	16.6	16.2	18.0
1947.....	17,718	13,495	4,223	18.9	18.5	20.3
1946.....	21,445	16,340	5,105	23.0	22.4	25.2
1945.....	16,206	12,308	3,898	17.4	16.8	19.8
1944.....	15,818	11,542	4,276	16.9	16.5	22.0
1943.....	17,171	12,383	4,788	17.8	16.1	24.7
1942.....	19,565	15,167	4,428	20.9	20.1	24.4
1941.....	15,966	12,256	3,710	18.4	17.6	22.1
1940.....	11,305	8,658	2,647	13.1	12.5	15.8
1939.....	8,501	6,569	1,932	9.9	9.5	11.7
1938.....	8,521	6,578	1,943	10.0	9.6	12.0
1937.....	8,849	6,763	2,086	10.5	9.9	13.0
1936.....	8,134	6,208	1,926	9.7	9.1	12.2
1935.....	7,254	5,695	1,559	8.7	8.4	10.0

TABLE NO. 2B
RECORDED MARRIAGES BY AGE OF GROOM AND BRIDE: TOTAL, WHITE, COLORED:
BALTIMORE-1951

AGE OF GROOM	AGE OF BRIDE							
	All Ages	15-19	20-24	25-29	30-34	35-44	45-64	65 and over
All Ages.....	12,851	3,231	4,282	1,950	1,137	1,339	854	58
15-19.....	750	646	98	6	..	..	..	..
20-24.....	4,882	2,174	2,371	260	82	5	..	..
25-29.....	2,675	332	1,290	810	194	46	..	..
30-34.....	1,452	55	351	510	359	167	10	..
35-44.....	1,574	15	149	307	405	621	77	..
45-64.....	1,367	7	23	57	127	480	653	20
65 and over.....	171	2	..	..	..	17	114	38

WHITE								
All Ages.....	9,108	2,428	3,200	1,288	730	835	584	43
15-19.....	507	422	82	3	..	..	..	..
20-24.....	3,738	1,686	1,820	198	41	3	..	..
25-29.....	1,939	259	962	545	137	36	..	..
30-34.....	993	44	234	349	221	105	10	..
35-44.....	999	10	92	172	264	377	54	..
45-64.....	866	5	10	31	67	303	437	13
65 and over.....	126	2	..	..	..	11	83	30

COLORED								
All Ages.....	3,743	803	1,082	662	407	504	270	15
15-19.....	243	224	16	3	..	..	..	..
20-24.....	1,124	488	551	72	11	2	..	..
25-29.....	736	73	328	265	57	13	..	..
30-34.....	489	11	117	161	138	62	..	..
35-44.....	605	5	57	135	141	244	23	..
45-64.....	501	2	13	26	60	177	216	7
65 and over.....	45	..	..	..	..	6	31	8

Based on a sample; data provided by the Division of Vital Records and Statistics, Maryland State Department of Health.

TABLE NO. 3A
RECORDED AND RESIDENT LIVE BIRTHS AND FETAL DEATHS BY PLACE OF BIRTH AND ATTENDANCE: TOTAL, WHITE, COLORED: 1951

PLACE OF BIRTH AND ATTENDANCE	RECORDED						RESIDENT					
	LIVE BIRTHS			FETAL DEATHS (Stillbirths)			LIVE BIRTHS			FETAL DEATHS (Stillbirths)		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
Grand Total	31,017	22,715	8,302	620	383	237	22,630	14,938	7,692	456	249	207
Hospital	29,421	22,206	7,215	553	361	192	21,040	14,436	6,604	391	229	162
Baltimore City Hospitals	3,333	425	2,908	55	8	47	3,268	399	2,869	53	8	45
Bon Secours Hospital	1,411	1,411	..	19	19	..	802	802	..	11	11	..
Church Home and Hospital	972	971	1	18	16	..	457	456	1	7	7	..
Doctors Hospital	648	645	3	14	14	..	458	455	3	11	11	..
Franklin Square Hospital	788	786	2	10	9	1	519	517	2	9	8	1
Hospital for Women of Maryland	2,118	2,117	1	20	20	..	1,280	1,279	1	13	13	..
Johns Hopkins Hospital	2,859	1,397	1,462	81	25	56	2,021	843	1,178	50	8	42
Lutheran Hospital of Maryland	1,959	1,955	4	22	22	..	1,367	1,363	4	18	18	..
Maryland General Hospital	1,307	1,306	1	27	27	..	748	747	1	11	11	..
Mercy Hospital	2,063	2,062	1	24	23	1	1,389	1,388	1	15	14	1
Provident Hospital	1,385	..	1,385	44	..	44	1,282	..	1,262	39	..	39
St. Agnes Hospital	1,289	1,288	1	32	32	..	638	637	1	18	18	..
St. Joseph's Hospital	1,207	1,206	1	41	37	4	841	840	1	29	25	4
Sinai Hospital	2,615	2,611	4	36	36	..	1,917	1,914	3	28	28	..
South Baltimore General Hos- pital	959	957	2	16	15	1	694	693	1	14	13	1
Union Memorial Hospital	1,630	1,627	3	19	19	..	950	947	3	12	12	..
University Hospital	2,876	1,440	1,436	76	38	38	1,972	773	1,199	50	21	29
Volunteers	2	2	..	..	..	..	1	1	..	..	..	..
Other city institutions .....	..	..	..	1	1	..	..	..	..	..	..	..
Out of city hospitals .....	..	..	..	..	..	..	426	352	74	3	3	..
Home	1,596	509	1,087	67	22	45	1,590	502	1,088	65	20	45
Physician	1,041	399	642	57	21	36	1,044	400	644	56	20	36
Midwife	533	96	437	3	3	..	533	96	437	3	..	3
Other	22	14	8	7	1	6	13	6	7	6	..	6

TABLE NO. 3B
RESIDENT LIVE BIRTHS BY MONTH AND BY BIRTHWEIGHT ACCORDING TO COLOR AND SEX—1951

MONTH	TOTAL	WHITE			COLORED		
		Total	Male	Female	Total	Male	Female
Total	22,630	14,938	7,647	7,291	7,692	3,882	3,810
January	1,907	1,259	617	642	648	326	322
February	1,745	1,153	577	576	592	288	304
March	1,893	1,244	668	576	639	303	336
April	1,719	1,139	568	571	580	311	269
May	1,897	1,252	634	618	645	332	313
June	1,838	1,199	618	581	639	325	314
July	1,997	1,282	675	607	715	342	373
August	2,006	1,308	693	615	698	367	331
September	1,892	1,238	640	598	654	341	313
October	2,004	1,403	706	697	601	307	294
November	1,826	1,199	610	589	627	324	303
December	1,916	1,262	641	621	654	316	338
Birthweight:							
Total	22,630	14,938	7,647	7,291	7,692	3,882	3,810
1500 grams and below	329	159	76	83	170	81	86
1501-2000 grams	400	218	114	104	182	87	95
2001-2500 grams	1,441	804	397	437	637	288	349
2501-3000 grams	5,151	2,999	1,338	1,661	2,152	905	1,247
3001-3500 grams	8,709	5,859	2,857	3,002	2,850	1,508	1,342
3501-4000 grams	5,087	3,748	2,169	1,579	1,339	796	543
4001-4500 grams	1,184	921	578	343	263	152	111
4501-5000 grams	189	146	100	46	43	34	9
5001 grams and over	20	15	11	4	5	3	2
Weight not stated	120	69	37	32	51	25	26

TABLE NO. 4
MATERNAL, FETAL, AND INFANT DEATHS AND CORRESPONDING RATES BY COLOR—
1936-1951

YEAR	MATERNAL DEATHS			FETAL DEATHS ¹			INFANT DEATHS					
							UNDER ONE YEAR			UNDER 28 DAYS		
	Total	White	Col.	Total	White	Col.	Total	White	Col.	Total	White	Col.
NUMBER OF DEATHS												
1951...	10	5	5	456	249	207	674	373	301	467	291	206
1950...	18	8	10	400	270	190	581	307	274	425	240	185
1949...	10	3	7	521	298	223	672	385	287	470	278	192
1948...	24	14	10	571	316	255	633	384	249	479	295	184
1947...	26	10	16	680	379	301	785	507	278	552	364	188
1946...	26	13	13	635	351	284	750	478	272	556	354	202
1945...	27	17	10	616	352	264	708	436	272	439	290	149
1944...	40	30	10	683	417	261†	766	478	288	472	313	159
1943...	34	17	17	740	449	277†	973	619	354	553	388	165
1942...	35	18	17	779	461	307†	778	516	262	489	349	140
1941...	36	21	15	655	406	242†	794	451	343	422	271	151
1940...	28	15	13	645	373	265†	641	387	254	382	241	141
1939...	45	28	17	648	403	245	511	302	209	300	194	106
1938...	44	29	15	590	409	181	683	429	254	364	239	125
1937...	42	28	14	584	393	190†	664	393	271	348	223	125
1936...	49	35	14	565	352	213	763	461	302	381	250	131
DEATHS PER 1,000 LIVE BIRTHS												
1951...	0.4	0.3	0.7	20.1	16.7	26.9	29.8	25.0	39.1	22.0	19.5	26.8
1950...	0.8	0.6	1.4	21.5	19.0	26.3	27.2	21.7	38.0	19.9	16.9	25.6
1949...	0.5	0.2	1.0	24.2	20.5	31.9	31.3	26.5	41.1	21.9	19.2	27.5
1948...	1.1	0.9	1.5	25.9	20.5	38.2	28.7	24.9	37.3	21.7	19.1	27.6
1947...	1.1	0.6	2.6	28.3	21.3	48.6	32.7	28.5	44.9	23.0	20.5	30.3
1946...	1.2	0.8	2.5	30.1	22.2	53.5	35.5	30.2	51.3	26.3	22.4	38.1
1945...	1.5	1.3	2.2	34.5	26.5	58.1	39.7	32.8	59.9	24.6	21.8	32.8
1944...	2.1	2.1	2.1	36.3	29.7	54.2	40.7	34.1	59.9	25.1	22.3	33.1
1943...	1.6	1.1	3.4	35.1	27.9	55.6	46.2	38.5	71.1	26.3	24.1	33.2
1942...	1.7	1.3	3.7	39.5	30.6	66.1	39.5	34.2	56.4	24.8	23.1	30.1
1941...	2.3	1.8	3.6	40.9	34.1	58.9	49.6	37.9	83.5	26.4	22.8	36.7
1940...	2.0	1.5	3.6	47.0	36.9	73.4	46.7	38.3	70.4	27.8	23.8	39.1
1939...	3.6	3.0	5.1	51.7	43.7	73.9	40.8	32.8	63.1	24.0	21.1	32.0
1938...	3.3	2.9	4.5	44.7	41.3	54.6	51.7	43.4	76.6	27.6	24.2	37.7
1937...	3.4	3.0	4.4	46.7	41.9	60.4	53.1	41.9	86.1	27.8	23.8	39.7
1936...	4.2	3.9	4.9	47.9	39.3	74.9	64.7	51.5	106.2	32.3	27.9	46.0

¹ Includes deaths among fetuses of 20 or more weeks gestation.

† Totals include deaths where color is unknown which accounts for apparent discrepancy.

TABLE NO. 6
RECORDED AND RESIDENT DEATHS BY INSTITUTION AND COLOR—1951

PLACE OF DEATH	RECORDED			RESIDENT		
	Total	White	Colored	Total	White	Colored
Grand total.....	11,519	8,707	2,812	10,885	7,996	2,889
Institutional.....	7,172	5,326	1,846	6,400	4,514	1,886
Baltimore City Hospitals.....	736	424	312	660	370	290
Bon Secours Hospital.....	113	113	..	87	87	..
Church Home and Hospital.....	142	142	..	80	80	..
Franklin Square Hospital.....	197	144	53	165	115	50
Johns Hopkins Hospital.....	1,001	547	454	607	313	294
Lutheran Hospital of Maryland.....	227	225	2	194	192	2
Maryland General Hospital.....	319	289	30	252	222	30
Mercy Hospital.....	454	391	63	371	311	60
Provident Hospital.....	355	1	354	342	1	341
St. Agnes Hospital.....	224	224	..	127	127	..
St. Joseph's Hospital.....	380	339	41	326	287	39
Sinai Hospital.....	316	315	1	257	256	1
South Baltimore General Hospital....	304	233	71	236	169	67
Union Memorial Hospital.....	422	419	3	292	290	2
U. S. Public Health Service Hospital.	178	151	27	86	67	19
University of Maryland.....	853	532	321	568	298	270
Other city institutions.....	951	837	114	934	823	111
Institutions in Maryland Counties....	..	..	..	615	418	197
Out of State Institutions.....	..	..	..	111	88	23
Non-institutional.....	4,347	3,361	986	4,485	3,482	1,003
Home.....	4,223	3,284	939	4,374	3,395	979
Other.....	124	97	27	111	87	24

TABLE NO. 7
RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH ACCORDING TO
AGE AT DEATH—1951

INTERNATIONAL LIST NUMBER	CAUSE OF DEATH	COLOR	TOTAL UNDER 1 YEAR	AGE GROUPS					
				Under 1 Day	1-6 Days	7-27 Days	28 Days-2 Months	3-5 Months	6-11 Months
	All Causes	T W C	674 373 301	224 122 102	212 136 76	61 33 28	68 29 39	63 32 31	46 21 25
010	Tuberculosis of the meninges and central nervous system	C	1	..	..	..	..	..	1
045.4	Dysentery, bacillary, other and unspecified	C	1	..	..	..	1	..	..
048	Dysentery, other	C	1	..	..	..	..	1	..
051	Streptococcal sore throat	W	1	..	..	1	..	..	..
057.1	Acute and unspecified meningococ- cemia	C	1	..	..	..	..	..	1
292.4	Aplastic anemia	W	1	..	..	..	..	1	..
330	Subarachnoid hemorrhage	C	1	..	..	..	..	..	1
340	Meningitis, except meningococcal and tuberculous	W C	1 4	.. ..	.. ..	.. ..	.. ..	3 ..	1 1
344.1	Hydrocephalus	W	1	..	..	..	..	..	1
353.3	Epilepsy	W	1	..	..	..	..	1	..
355	Other diseases of brain	W	1	..	..	..	..	..	1
391	Otitis media without mention of mas- toiditis	W C	6 5	.. ..	.. ..	.. ..	2 2	3 2	1 1
422.2	Other myocardial degeneration	C	1	..	..	..	..	..	1
475	Acute upper respiratory infection of multiple or unspecified sites	C	2	..	..	..	1	1	..
480-483	Influenza	W	1	..	..	..	..	1	..
490-493	Pneumonia, all forms	W C	24 27	.. ..	.. ..	1 ..	5 14	13 6	5 7
500-502	Bronchitis	W	2	..	..	..	..	2	..
511	Peritonsillar abscess	C	1	..	..	..	..	..	1
525	Other chronic interstitial pneumonia	C	1	..	..	..	..	1	..
527.2	Other diseases of lung and pleural cav- ity	C	1	1	..	..	..	..	..
560-561	Hernia	C	1	..	..	..	1	..	..
570	Intestinal obstruction without men- tion of hernia	W	3	..	1	2	..	..	..
571	Gastro-enteritis and colitis, age 4 weeks and over	W C	8 6	.. ..	.. ..	.. ..	5 2	1 1	2 3
576	Peritonitis	C	1	..	..	..	..	..	1
587	Diseases of pancreas	W	1	..	..	..	..	1	..
750	Monstrosity	W	2	2	..	..	..	..	..
751	Spina bifida and meningocele	W	8	2	..	4	1	..	1
752	Congenital hydrocephalus	W C	5 2	2 1	.. ..	.. ..	.. ..	.. ..	3 1
753	Other congenital malformations of nervous system and sense organs	W C	1 3	.. 1	.. ..	.. ..	.. 1	1 ..	.. 1
754	Congenital malformations of circu- latory system	W C	22 14	4 3	7 4	1 ..	5 5	3 1	2 1

TABLE NO. 7—Concluded
RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH ACCORDING TO
AGE AT DEATH—1951

INTERNATIONAL LIST NUMBER	CAUSE OF DEATH	COLOR	TOTAL UNDER 1 YEAR	AGE GROUPS					
				Under 1 Day	1-6 Days	7-27 Days	28 Days-2 Months	3-5 Months	6-11 Months
756	Congenital malformations of digestive system	W C	11 4	.. ..	4 2	5 1	1 ..	1 1	..
757	Congenital malformations of genito-urinary system	W	2	1	..	..	1	..	..
758	Congenital malformations of bone and joint	W C	1 2	1 2	..	..	..	..	..
759	Other and unspecified congenital malformations, not elsewhere classified	W C	7 3	3 1	1 1	..	2 ..	1 ..	1 ..
760	Intracranial and spinal injury at birth	W C	29 20	12 4	17 12	..	1 1	1..	..
761	Other birth injury	W C	29 12	22 9	7 3	..	..	..	..
762	Postnatal asphyxia and atelectasis	W C	64 44	17 23	40 15	3 4	1 2	1 ..	2 ..
763	Pneumonia of newborn	W C	11 13	2 3	7 3	1 5	1 2	..	..
764	Diarrhea of newborn	W C	1 2	..	..	1 2	..	..	..
767	Umbilical sepsis	C	1	..	1	..	..	..	..
768	Other sepsis of newborn	W C	10 3	..	6 1	4 2	..	..	..
769	Neonatal disorders arising from maternal toxemia	W C	3 2	1 2	2..	..	..	..	..
770	Erythroblastosis	W C	13 4	7 1	4 2	2 ..	1..	..	..
771	Hemorrhagic disease of newborn	W C	2 3	..	2 1	..	..	..	..
772	Nutritional maladjustment	C	4	..	..	..	1	2	1
773	Ill-defined diseases of early infancy	W C	3 2	1 1	2 ..	..	..	1..	..
774	Immaturity with mention of subsidiary condition	W C	2 2	1 ..	1 ..	1 ..	1..	..	..
776	Immaturity unqualified	W C	84 87	43 49	34 30	6 8	1..	..	..
785	Symptoms referable to abdomen and lower gastro-intestinal system	W	1	..	1	..	..	..	..
788.6	Acidosis	C	1	..	..	..	..	1	..
883	Accidental poisoning by corrosive aromatics, acids, and caustic alkalis	W C	1 1	..	..	1 ..	..	..	1
916	Accident caused by fire and explosion of combustible material	W C	1 1	..	..	..	1 ..	..	1
921	Inhalation and ingestion of food causing obstruction or suffocation	W C	5 12	..	..	..	2 3	3 8	..
922	Inhalation and ingestion of other object causing obstruction or suffocation	C	1	..	..	..	..	..	1
924	Accidental mechanical suffocation in bed and cradle	W C	1 1	..	..	1 ..	1..	..	..
951	Therapeutic misadventure in infusion and transfusion	W	1	..	..	..	1	..	..
962	Late effect of other accidental injury	C	1	..	..	..	..	..	1
983	Assault	W C	2 1	1 1	1..	..	..	..	..

[illegible]

TABLE NO. 8—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1951

INTER- NATIONAL LIST NO.	CAUSE OF DEATH	TOTALS			AGE GROUPS																							
		Grand Total	By Color	By Sex	Under 1 Year	1 Year	2 Years	3 Years	4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years	50-54 Years	55-59 Years	60-64 Years	65-69 Years	70-74 Years	75-79 Years	80-84 Years	85 Years and over	Age not specified	
038-039, 049, 054, 059, 063-074, 088-090, 093, 095-096, 120-122, 131-138	All other diseases classified as infective and parasitic	5	W C	2 3 M F	2 2 1										1					1								

II—NEOPLASMS

140-205	Malignant neoplasms	1,642	W C	1,328 314	M F M F	655 663 154 160	3 3 1 2	1 3 1 2	1 1 2 2	2 4 3 5	3 2 7 3	7 10 6 9	12 18 2 18	20 43 13 21	30 55 29 27	69 79 21 21	85 102 37 13	106 107 21 13	80 79 10 8	59 76 4 9	40 23 4 4	20 23 1 1	...	...	...	...	...
140-148	Malignant neoplasm of buccal cavity and pharynx	48	W C	43 5	M F M F	33 10 2 3	...	...	...	...	...	...	...	...	1 1 1 1	3 1 1 1	7 1 2 2	4 2 2 2	2 4 2 1	3 1 ...	1...	...	...	...	...	...	...
150	Malignant neoplasm of esophagus	36	W C	25 11	M F M F	22 3 9 2	...	...	...	...	...	...	...	...	2 2 1 1	3 1 1 1	3 1 3 ...	2 1 3 ...	5 1 2 ...	2...	...	...	...	...	...	...	...
151	Malignant neoplasm of stomach	166	W C	116 50	M F M F	69 47 33 17	...	...	...	...	...	...	...	...	2 1 2 1	6 15 3 7	15 11 7 7	15 8 9 4	11 5 7 2	8 7 1 2	5 4 2 2	...	...	...	...	...

[illegible]

[illegible]

V--MENTAL, PSYCHONEUROTIC, AND PERSONALITY DISORDERS

[illegible]

VI—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS

[illegible]

TABLE NO. 8—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1951

INTER-NATIONAL LIST NO.	CAUSE OF DEATH	TOTALS		AGE GROUPS																								
		Grand Total	By Color	By Sex																								
					Under 1 Year	1 Year	2 Years	3 Years	4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years	50-54 Years	55-59 Years	60-64 Years	65-69 Years	70-74 Years	75-79 Years	80-84 Years	85 Years and over		
345	Multiple sclerosis	7	W C	6 M 1 F	1 M																							
353	Epilepsy	13	W C	6 M 7 F	5 M 6 F	1 M 1 F																						
385	Cataract	1	W	1 M	1 M																							
387	Glaucoma	1	W	1 F	1 F																							
391-393	Otitis media and mastoiditis	12	W C	6 M 6 F	6 M 4 F	3 M 2 F																						
341-344, 350-352, 354-369, 380-384, 386, 388-390, 394-398	All other diseases of the nervous system and sense organs	55	W C	33 M 22 F	14 M 19 F	1 M 1 F																						
400-402	Rheumatic fever	19	W C	9 M 10 F	6 M 3 F	2 M 8 F																						

VII—DISEASES OF THE CIRCULATORY SYSTEM	
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VII—DISEASES OF THE CIRCULATORY SYSTEM

[illegible]

TABLE NO. 8—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1951

INTER-NATIONAL LIST No.	CAUSE OF DEATH	TOTALS		AGE GROUPS																								
		Grand Total	By Color	By Sex																								
					Under 1 Year	1 Year	2 Years	3 Years	4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years	50-54 Years	55-59 Years	60-64 Years	65-69 Years	70-74 Years	75-79 Years	80-84 Years	85 Years and over	Age not specified	
470-475	Acute upper respiratory infections	3	W C	1 F 2 M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
480-483	Influenza	13	W C	9 M F 4 M 2 F	4 1 5 2 2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
490-493	Pneumonia, all forms	305	W C	170 M F 135 M F 72 15 1	13 4 1 5 1 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
490	Lobar pneumonia	110	W C	45 M F 65 M F 31 2	32 13 34 2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
491	Bronchopneumonia	127	W C	82 M F 45 M F 29 8 1	45 37 16 1 1 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
492-493	Primary atypical, other and unspecified pneumonia	68	W C	43 M F 25 M F 12 5	20 6 23 6 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

VIII—DISEASES OF THE RESPIRATORY SYSTEM

[illegible]

IX—DISEASES OF THE DIGESTIVE SYSTEM

[illegible]

TABLE NO. 8—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1951

INTER- NATIONAL LIST NO.	CAUSE OF DEATH	TOTALS			AGE GROUPS																									
		Grand Total	By Color	By Sex																										
					Under 1 Year	1 Year	2 Years	3 Years	4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years	50-54 Years	55-59 Years	60-64 Years	65-69 Years	70-74 Years	75-79 Years	80-84 Years	85 Years and over	Age not specified			
581	Cirrhosis of liver	185	W	156	M	111																								
			C	29	F	45																								
584, 585	Cholelithiasis and cholecystitis	26	W	24	M	6																								
			C	2	F	18																								
536-539, 542, 544, 545, 573-580, 582, 583, 586, 587	Other diseases of the digestive system	61	W	44	M	22																								
			C	17	F	22																								
590-591	Acute nephritis	20	W	15	M	8																								
			C	5	F	7																								
592-594	Chronic, other and unspecified nephritis	162	W	106	M	51																								
			C	56	F	55																								
600	Infections of kidney	24	W	16	M	11																								
			C	8	F	5																								

X—DISEASES OF THE GENITO-URINARY SYSTEM

[illegible]

XI—DELIVERIES AND COMPLICATIONS OF PREGNANCY, AND THE PUERPERIUM

[illegible]

XVII AND XVIII—DISEASES OF THE SKIN AND MUSCULOSKELETAL SYSTEM

[illegible]

TABLE NO. 8--Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE--1951

[illegible]

[illegible]

XVI--SYMPTOMS, SENILITY AND ILL-DEFINED CONDITIONS

[illegible]

XVII—Accidents, Poisonings, and Violence

[illegible]

TABLE NO. 8—Concluded
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1951

INTER- NATIONAL List No.	CAUSE OF DEATH	TOTALS			AGE GROUPS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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					Under 1 Year	1 Year	2 Years	3 Years	4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years	50-54 Years	55-59 Years	60-64 Years	65-69 Years	70-74 Years	75-79 Years	80-84 Years	85 Years and over																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
E900- E904	Accidental falls	125	W 105 C 20	M 54 F 51	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	

TABLE NO. 9
RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION
FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1951

CAUSE OF DEATH	RECORDED						RESIDENT					
	Number			Rate per 100,000 Population*			Number			Rate per 100,000 Population*		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
ALL CAUSES	11,519	8,707	2,812	12.0	12.0	12.2	10,885	7,906	2,889	11.4	11.1	12.6
Tuberculosis, all forms (001-019)	365	158	207	38.3	21.9	90.0	497	212	285	52.1	29.3	123.9
<i>Respiratory tuberculosis (001-008)</i>	<i>327</i>	<i>141</i>	<i>186</i>	<i>34.3</i>	<i>19.5</i>	<i>80.9</i>	<i>405</i>	<i>202</i>	<i>203</i>	<i>48.8</i>	<i>27.9</i>	<i>114.3</i>
Syphilis (020-029)	63	23	40	6.6	3.2	17.4	85	31	54	8.9	4.3	23.5
Typhoid fever (040) .....	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery (045-048)	2	..	2	0.2	..	0.9	3	..	3	0.3	..	1.3
Scarlet fever and streptococcal sore throat (050-051)	1	1	..	0.1	0.1	..	1	1	..	0.1	0.1	..
Diphtheria (055)	3	1	2	0.3	0.1	0.9	1	..	1	0.1	..	0.4
Whooping cough (056) .....	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcal infections (057) ..	7	6	1	0.7	0.8	0.4	5	4	1	0.5	0.5	0.4
Other infective diseases of bacterial origin (030-039, 052-054, 058-064, 070-074)	11	3	8	1.1	0.4	3.5	7	1	6	0.7	0.1	2.6
Poliomyelitis, acute (080-081) ..	3	3	..	0.3	0.4	..	1	1	..	0.1	0.1	..
Encephalitis (082-083)	2	1	1	0.2	0.1	0.4	2	1	1	0.2	0.1	0.4
Smallpox (084) .....	..	..	..	..	..	..	..	..	..	..	..	..
Measles (085)	1	..	1	0.1	..	0.4	1	..	1	0.1	..	0.4
Other virus diseases (086-096) ..	7	4	3	0.7	0.5	1.3	2	1	1	0.2	0.1	0.4
Typhus and rickettsial diseases (100-108) .....	..	..	..	..	..	..	..	..	..	..	..	..
Other infective and parasitic diseases (110-138)	4	3	1	0.4	0.4	0.4	3	2	1	0.3	0.3	0.4
Malignant neoplasms (140-205) ..	1,888	1,555	333	198.1	215.1	144.8	1,642	1,328	314	173.3	183.7	136.5
<i>Lymphatic and hematopoietic (200-205)</i>	<i>141</i>	<i>118</i>	<i>23</i>	<i>14.8</i>	<i>16.3</i>	<i>10.0</i>	<i>100</i>	<i>78</i>	<i>22</i>	<i>10.5</i>	<i>10.8</i>	<i>9.6</i>
Benign and unspecified neoplasms (210-239)	40	32	8	4.2	4.4	3.5	31	20	11	3.3	2.8	4.8
Diabetes (260)	225	186	39	23.6	25.7	16.9	216	179	37	22.7	24.7	16.1
Anemias (290-293)	26	21	5	2.7	2.9	2.2	20	15	5	2.1	2.1	2.2
Other diseases of the blood and blood-forming organs (294-299)	9	8	1	0.9	1.1	0.4	8	7	1	0.8	1.0	0.4
Vascular lesions of the central nervous system (330-334)	791	594	197	83.0	82.1	85.7	807	599	208	84.7	82.8	90.4
Rheumatic fever (400-402)	22	11	11	2.3	1.5	4.8	19	9	10	2.0	1.2	4.3
Diseases of heart (410-443)	4,725	3,776	949	495.8	522.3	412.6	4,579	3,624	955	480.5	501.2	415.2
<i>Chronic rheumatic heart disease (410-416)</i>	<i>144</i>	<i>119</i>	<i>25</i>	<i>15.1</i>	<i>16.5</i>	<i>10.9</i>	<i>120</i>	<i>98</i>	<i>22</i>	<i>12.6</i>	<i>13.5</i>	<i>9.6</i>
<i>Arteriosclerotic and degenerative heart disease (420-428) ..</i>	<i>3,198</i>	<i>2,749</i>	<i>449</i>	<i>335.6</i>	<i>380.8</i>	<i>195.2</i>	<i>3,129</i>	<i>2,673</i>	<i>456</i>	<i>328.3</i>	<i>369.7</i>	<i>193.3</i>
<i>Other diseases of the heart (430-434)</i>	<i>84</i>	<i>58</i>	<i>26</i>	<i>8.8</i>	<i>7.8</i>	<i>13.9</i>	<i>86</i>	<i>49</i>	<i>37</i>	<i>9.0</i>	<i>6.8</i>	<i>16.1</i>
<i>Hypertensive heart disease (440-443)</i>	<i>1,899</i>	<i>856</i>	<i>1,043</i>	<i>196.3</i>	<i>118.4</i>	<i>199.6</i>	<i>1,244</i>	<i>804</i>	<i>440</i>	<i>130.5</i>	<i>111.2</i>	<i>191.3</i>

* Death rates for all causes are per 1,000 population and for puerperal causes are per 1,000 live births.

TABLE NO. 9—Continued
RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION
FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1951

CAUSE OF DEATH	RECORDED						RESIDENT					
	Number			Rate per 100,000 Population*			Number			Rate per 100,000 Population*		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
Other hypertensive diseases (444-447)	107	72	35	11.2	9.9	15.2	99	61	38	10.4	8.4	15.5
Arteriosclerosis (450)	124	106	18	13.0	14.7	7.8	137	116	21	14.4	16.0	9.1
Other diseases of the circulatory system (451-468)	103	82	21	10.8	11.3	9.1	91	70	21	9.5	9.7	9.1
Nephritis and nephrosis (590- 594)	194	131	63	20.3	18.1	27.4	182	121	61	19.1	16.7	26.5
Acute nephritis and nephritis with edema, including ne- phrosis (590-591)	23	17	6	2.4	2.3	2.6	20	15	5	2.1	2.1	2.2
Influenza and pneumonia (480- 483, 490-493)	321	185	136	33.7	25.6	59.1	318	179	139	33.4	24.7	60.4
Pneumonia (490-493)	308	176	132	32.3	24.3	57.4	305	170	135	32.0	23.5	58.7
Bronchitis (500-502)	9	8	1	0.9	1.1	0.4	9	8	1	0.9	1.1	0.4
Ulcer of the stomach and duo- denum (540-542)	57	45	12	6.0	6.2	5.2	51	40	11	5.3	5.5	4.8
Appendicitis (550-553)	17	12	5	1.8	1.7	2.2	16	11	5	1.7	1.5	2.2
Intestinal obstruction and hernia (560-570)	110	93	17	11.5	12.9	7.4	89	76	13	9.3	10.5	5.7
Gastritis, duodenitis, enteritis and colitis (543, 571, 572)	42	26	16	4.4	3.6	6.9	36	20	16	3.8	2.8	6.9
Cirrhosis of the liver (581)	191	167	24	20.0	23.1	10.4	185	158	29	19.4	21.6	12.6
Hyperplasia of prostate (610)	11	9	2	1.1	1.2	0.9	8	7	1	0.8	1.0	0.4
Puerperal causes (640-689)	11	5	6	0.3	0.2	0.7	10	5	5	0.4	0.3	0.7
Congenital malformations (750- 759)	197	148	49	20.7	20.5	21.3	115	73	42	12.1	10.1	18.3
Certain diseases of early infancy (760-776)	588	361	227	61.7	49.9	98.7	450	251	199	47.2	34.7	80.5
Pneumonia of newborn (763)	33	19	14	3.5	2.6	6.1	24	11	13	2.5	1.5	5.7
Diarrhea of newborn (764)	4	2	2	0.4	0.3	0.9	3	1	2	0.3	0.1	0.9
Senility, ill-defined and un- known conditions (780-795)	37	31	6	3.9	4.3	2.6	36	30	6	3.8	4.1	2.6
All other diseases	471	339	132	49.4	46.9	57.4	423	289	134	44.4	40.0	58.3
Accidents, total (800-962, 965) ..	524	381	143	55.0	52.7	62.2	498	338	160	52.3	46.7	69.6
Motor vehicle accidents (810- 835)	153	147	6	19.9	20.3	15.7	152	145	7	17.0	15.9	20.4
Home accidents	179	126	53	18.8	17.4	23.0	153	105	48	16.1	14.5	20.9
Occupational accidents	61	40	21	6.4	5.5	9.1	61	37	24	6.4	5.1	10.4
All other accidents	101	68	33	10.6	9.4	14.3	122	81	41	12.3	11.2	17.3
Suicides (963, 970-979)	111	101	10	11.6	14.0	4.3	103	92	11	10.8	12.7	4.8
Homicides (984, 980-985)	99	101	80	10.4	2.6	34.8	99	18	81	10.4	2.5	35.2

* Death rates for all causes are per 1,000 population and for puerperal causes are per 1,000 live births.

TABLE NO. 10
ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE
BALTIMORE—1951

INTERMEDIATE LIST NUMBER (6TH REVISION)	CAUSE OF DEATH	TOTAL RECORDED DEATHS		RESIDENTS OF						BALTIMORE RESIDENTS DYING ELSEWHERE				TOTAL RESIDENT DEATHS	
				Baltimore		Counties of Maryland		Other States		Counties of Maryland		Other States			
		White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd
A 1	ALL CAUSES	8,707	2,812	7,181	2,616	1,188	172	338	24	654	232	161	41	7,996	2,839
A 2	Tuberculosis of respiratory system.....	141	186	127	185	11	1	3	..	62	72	13	6	202	263
A 3	Tuberculosis of meninges and central nervous system.....	9	12	5	10	2	1	2	1	..	1	..	..	5	11
A 4	Tuberculosis of intestines, peritoneum and mesenteric glands.....	1	1	1	1	..	..	..	..	..	..	..	..	1	1
A 5	Tuberculosis of bones and joints.....	..	2	..	1	..	..	..	..	..	..	..	..	..	2
A 9	Tuberculosis, all other forms.....	7	6	4	5	2	..	1	1	..	3	..	..	4	8
A 10	General paralysis of insane.....	..	..	..	..	..	..	..	..	2	13	..	..	2	13
A 16	All other syphilis.....	23	40	20	37	1	3	2	..	8	4	1	..	29	41
A 18	Dysentery, all forms.....	2	2	..	2	..	..	..	..	..	..	..	..	1	3
A 20	Streptococcal sore throat.....	1	6	1	4	..	2	..	..	..	..	..	..	..	..
A 21	Septicemia and pyemia.....	1	2	..	1	1	1	2	..	..	..	..	..	..	4
A 23	Diphtheria.....	1	1	..	1	1	1	..	..	..	..	..	..	..	1
A 26	Meningococcal infections.....	6	1	4	1	1	1	..	..	..	..	..	..	4	1
A 28	Tetanus.....	1	..	1	..	..	..	..	..	..	..	..	..	1	..
A 29	Acute poliomyelitis.....	2	1	1	1	..	..	..	..	..	..	..	..	1	..
A 30	Acute infectious encephalitis.....	1	1	1	..	..	..	..	..	..	..	..	..	1	..
A 32	Late effects of acute poliomyelitis.....	1	..	..	..	..	..	..	..	..	..	..	..	..	1
A 34	Measles.....	..	1	..	1	..	..	..	..	..	..	..	..	..	1
A 36	Infectious hepatitis.....	4	2	1	1	3	..	..	1	..	..	..	..	1	1
A 42	Other diseases due to helminths.....	1	..	..	..	1	..	..	..	..	..	..	..	..	..
A 43	All other diseases classified as infective and parasitic.....	3	4	1	3	1	1	1	..	1	..	..	..	2	3
A 44	Malignant neoplasm of:	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 45	Buccal cavity and pharynx.....	42	6	35	4	5	2	2	..	5	1	3	..	43	5
A 46	Esophagus.....	37	15	23	11	5	3	7	1	..	..	..	..	23	11
A 47	Stomach.....	123	43	106	46	13	2	4	..	7	3	3	1	116	50
A 48	Intestine, except rectum.....	169	22	135	21	22	1	12	..	6	3	4	..	145	24
A 49	Rectum.....	70	15	57	14	11	1	2	..	3	..	..	..	63	14
A 50	Larynx.....	16	2	10	2	4	..	2	..	1	..	..	..	11	2
A 51	Trachea, and of bronchus and lung not specified as secondary.....	184	33	142	29	25	4	17	..	19	2	3	..	184	31
A 52	Breast.....	144	23	124	24	11	1	9	..	7	1	2	..	133	25
A 53	Cervix uteri.....	62	27	53	24	7	3	2	..	3	..	1	..	57	24
A 54	Other and unspecified parts of uterus.....	43	14	39	14	3	..	1	..	..	..	2	..	42	14
A 55	Prostate.....	62	19	54	18	7	1	1	..	2	..	1	..	58	18
A 56	Skin.....	23	6	15	4	6	..	2	2	1	1	..	..	16	4
A 57	Bone and connective tissue.....	23	6	16	4	3	2	4	..	1	2	..	..	18	5
A 58	All other and unspecified sites.....	439	72	336	61	71	8	32	3	22	3	1	1	359	65
A 59	Leukemia and aleukemia.....	59	8	37	8	13	..	9	..	1	1	38	9

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TABLE NO. 10—Concluded
ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE
BALTIMORE—1951

INTERSTATE LIFT NUMBER (6TH REVISION)	CAUSE OF DEATH	TOTAL RECORDED DEATHS		RESIDENTS OF						BALTIMORE RESIDENTS DYING ELSEWHERE				TOTAL RECORD DEATHS	
				Baltimore		Counties of Maryland		Other States		Counties of Maryland		Other States			
		White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd
A 112	Hyperplasia of prostate.....	9	2	6	1	2	1	1	1	1	1	1	1	7	1
A 114	Other diseases of genito-urinary system.....	11	4	5	3	5	1	1	1	2	1	1	1	7	4
A 116	Toxemia of pregnancy and the puerperium.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
A 117	Hemorrhage of pregnancy and childbirth.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
A 118	Abortion without mention of sepsis or toxemia.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
A 120	Other complications of pregnancy, childbirth and the puerperium.....	4	3	4	3	3	3	3	3	1	1	1	1	4	3
A 121	Infections of skin and subcutaneous tissue.....	3	2	7	2	2	2	2	2	1	1	1	1	8	2
A 122	Arthritis and spondylitis.....	7	1	1	1	1	1	1	1	1	1	1	1	1	1
A 123	Muscular rheumatism and rheumatism unspecified.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
A 124	Osteomyelitis and periostitis.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
A 125	Ankylosis and acquired musculoskeletal deformities.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
A 126	All other diseases of skin and musculoskeletal system.....	13	6	9	6	3	2	2	1	1	1	1	1	9	6
A 127	Spina bifida and meningocele.....	16	2	9	22	6	2	1	1	1	1	1	1	10	22
A 128	Congenital malformations of circulatory system.....	70	23	24	22	23	21	24	5	1	1	2	2	37	20
A 129	All other congenital malformations.....	62	24	36	20	21	4	5	1	1	1	1	1	58	32
A 130	Birth injuries.....	76	36	63	32	17	4	1	1	1	1	2	2	64	44
A 131	Postnatal asphyxia and ascleotaxis.....	98	48	61	43	36	8	2	1	1	1	1	1	22	19
A 132	Infections of the newborn.....	31	21	22	19	8	2	1	1	2	2	2	2	13	4
A 133	Hemolytic disease of newborn.....	15	4	11	4	4	1	2	1	1	1	1	1	5	9
A 134	All other defined diseases of early infancy.....	6	11	5	9	1	2	1	1	1	1	1	1	89	91
A 135	All defined diseases peculiar to early infancy, and immaturity unqualified.....	135	107	85	90	48	17	2	1	3	2	1	1	13	6
A 136	Senility without mention of psychosis.....	11	11	11	5	5	1	1	1	1	1	1	1	17	47
A 137	Ill-defined and unknown causes of mortality.....	20	36	14	26	43	6	20	4	17	11	10	3	115	20
A 138	Motor vehicle accidents.....	147	7	84	6	2	1	1	1	4	3	3	3	23	10
A 139	Other transport accidents.....	16	7	13	6	2	1	1	1	3	10	3	3	22	20
A 140	Accidental poisoning.....	21	10	18	10	3	1	1	3	3	10	3	3	105	20
A 141	Accidental falls.....	122	21	92	20	27	1	1	3	10	1	1	1	1	4
A 142	Accident caused by machinery.....	2	4	1	4	1	1	1	1	1	1	1	1	1	1
A 143	Accident caused by fire and explosion of combustible material.....	23	18	19	16	4	2	2	2	1	1	2	2	19	18
A 144	Accident caused by hot substance, corrosive liquid, steam and radiation.....	2	1	2	1	1	1	1	1	1	1	1	1	2	1
A 145	Accident caused by firearm.....	3	1	2	1	1	1	1	1	1	1	1	1	4	1
A 146	Accidental drowning and submersion.....	14	15	6	14	3	3	5	1	14	5	3	2	23	21
A 147	All other accidental causes.....	31	30	19	27	11	3	1	1	2	1	3	1	24	29
A 148	Suicide and self-inflicted injury.....	101	10	87	9	13	1	1	1	4	2	1	1	92	11
A 149	Homicide and injury purposely inflicted by other persons (not in war).....	19	80	17	79	2	1	1	1	1	2	1	1	18	81
A 150	Injury resulting from operations of war.....	...	...	...	...	...	...	...	...	...	...	...	...	1	...

TABLE NO. II
RESIDENT AND RECORDED DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR
TOTAL, WHITE AND COLORED POPULATIONS—1940-1951

YEAR	TYPHOID FEVER						MEASLES						WHOOPING COUGH					
	NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION		
	Total	White	Col-ored	Total	White	Col-ored	Total	White	Col-ored	Total	White	Col-ored	Total	White	Col-ored	Total	White	Col-ored
RESIDENT																		
1951.....	..	..	..	..	..	..	1	..	1	0.1	..	0.4	..	..	..	0.1	..	0.4
1950.....	..	..	..	..	..	..	6	..	..	0.6	..	0.9	..	..	..	..	..	..
1949.....	..	..	..	..	..	..	2	..	..	0.2	..	0.3	..	..	..	..	..	..
1948.....	..	..	..	..	..	..	2	..	..	0.1	..	0.3	..	..	..	..	..	..
1947.....	..	..	..	..	..	..	6	..	..	0.1	..	0.5	..	..	..	..	..	..
1946.....	..	..	..	..	..	..	6	..	..	0.1	..	1.0	..	..	..	..	..	..
1945.....	..	..	..	..	..	..	11	..	..	0.1	..	0.5	..	..	..	..	..	..
1944.....	..	..	..	..	..	..	11	..	..	0.1	..	0.4	..	..	..	..	..	..
1943.....	..	..	..	..	..	..	10	..	..	1.1	..	3.6	..	..	..	..	..	..
1942.....	..	..	..	..	..	..	1	..	..	0.1	..	0.1	..	..	..	..	..	..
1941.....	..	..	..	..	..	..	1	..	..	0.1	..	0.3	..	..	..	..	..	..
1940.....	..	..	..	..	..	..	3	..	..	0.1	..	0.5	..	..	..	..	..	..
RECORDED																		
1951.....	..	..	..	..	..	..	1	..	..	0.1	..	0.4	..	..	..	0.1	..	0.4
1950.....	..	..	..	..	..	..	8	..	..	0.8	..	0.9	..	..	..	..	..	..
1949.....	..	..	..	..	..	..	3	..	..	0.3	..	0.4	..	..	..	..	..	..
1948.....	..	..	..	..	..	..	3	..	..	0.3	..	0.4	..	..	..	..	..	..
1947.....	..	..	..	..	..	..	8	..	..	0.9	..	1.0	..	..	..	..	..	..
1946.....	..	..	..	..	..	..	13	..	..	1.3	..	3.6	..	..	..	..	..	..
1945.....	..	..	..	..	..	..	5	..	..	0.7	..	0.7	..	..	..	..	..	..
1944.....	..	..	..	..	..	..	3	..	..	0.3	..	0.4	..	..	..	..	..	..
1943.....	..	..	..	..	..	..	1	..	..	0.1	..	0.5	..	..	..	..	..	..
1942.....	..	..	..	..	..	..	1	..	..	0.1	..	0.6	..	..	..	..	..	..
1941.....	..	..	..	..	..	..	6	..	..	0.7	..	1.2	..	..	..	..	..	..
1940.....	..	..	..	..	..	..	3	..	..	0.3	..	0.6	..	..	..	..	..	..
YEAR	DIPHTHERIA						INFLUENZA						TUBERCULOSIS, ALL FORMS					
	NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION		
	Total	White	Col-ored	Total	White	Col-ored	Total	White	Col-ored	Total	White	Col-ored	Total	White	Col-ored	Total	White	Col-ored
RESIDENT																		
1951.....	1	..	..	..	..	..	13	9	4	1.4	1.2	1.7	497	212	285	52.1	29.2	123.9
1950.....	2	..	..	..	..	..	27	21	6	2.8	2.9	2.6	536	235	301	56.4	32.5	122.6
1949.....	2	..	..	..	..	..	16	9	7	1.7	1.2	2.2	597	246	351	63.0	33.8	132.8
1948.....	2	..	..	..	..	..	22	9	13	2.3	1.2	6.1	639	279	360	67.8	38.3	168.2
1947.....	2	..	..	..	..	..	36	19	17	3.8	2.6	8.2	689	291	408	74.5	39.3	186.0
1946.....	2	..	..	..	..	..	47	25	22	5.0	3.4	10.9	752	328	424	77.8	44.9	195.0
1945.....	2	..	..	..	..	..	45	29	16	4.8	4.0	8.1	779	345	434	81.1	46.4	215.0
1944.....	2	..	..	..	..	..	76	40	36	8.1	5.4	18.6	831	378	453	83.1	46.4	223.7
1943.....	2	..	..	..	..	..	123	90	33	12.8	11.7	17.0	781	378	403	81.1	46.4	207.7
1942.....	2	..	..	..	..	..	72	43	29	7.7	5.7	16.0	788	352	436	84.2	45.7	240.1
1941.....	2	..	..	..	..	..	80	48	32	9.2	6.9	19.0	790	334	456	91.2	47.9	271.4
1940.....	1	..	..	..	..	..	68	51	17	7.9	7.4	10.2	792	369	423	92.1	53.2	253.0

TABLE NO. 11—Continued

RESIDENT AND RECORDED DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR TOTAL, WHITE AND COLORED POPULATIONS—1940-1951

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TABLE NO. 11—Concluded
RESIDENT AND RECORDED DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR
TOTAL, WHITE AND COLORED POPULATIONS—1940-1951

YEAR	MAJOR CARDIOVASCULAR-RENAL DISEASE						PNEUMONIA, ALL FORMS						DIABETES					
	NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION		
	Total	White	Col- ored	Total	White	Col- ored	Total	White	Col- ored	Total	White	Col- ored	Total	White	Col- ored	Total	White	Col- ored
RESIDENT																		
1951.....	5,804	4,521	1,283	609.0	625.3	557.8	305	170	135	32.0	23.5	58.7	216	179	37	22.7	24.7	16.1
1950.....	5,848	4,566	1,282	615.6	631.5	564.8	232	119	113	27.0	16.5	49.8	180	150	30	18.9	20.7	13.2
1949.....	5,931	4,671	1,260	628.4	642.2	582.6	256	145	111	24.4	15.5	50.5	181	146	35	19.1	20.1	15.9
1948.....	6,035	4,735	1,300	640.0	649.5	607.5	294	167	127	31.2	22.9	59.3	200	160	40	21.2	21.9	18.7
1947.....	5,781	4,582	1,199	616.3	627.8	575.9	312	193	119	33.3	26.4	57.2	183	133	50	19.5	21.0	14.4
1946.....	5,537	4,368	1,169	593.5	607.9	577.3	327	202	125	35.0	27.7	61.7	162	136	26	17.3	18.6	12.8
1945.....	5,815	4,634	1,181	625.3	634.1	598.9	481	303	178	51.7	41.3	90.3	189	151	38	20.5	20.6	19.3
1944.....	5,844	4,637	1,207	623.7	634.1	602.2	525	291	234	56.0	39.2	120.6	196	168	28	20.9	22.6	14.4
1943.....	5,843	4,637	1,206	623.7	634.1	602.2	708	419	289	73.6	48.5	149.5	198	163	35	20.9	21.2	18.0
1942.....	5,735	4,503	1,232	612.7	626.9	578.4	601	368	233	64.2	46.8	128.3	173	142	31	18.5	19.8	17.1
1941.....	5,517	4,321	1,196	637.1	619.1	571.6	532	316	217	61.5	45.3	129.2	187	160	27	21.6	22.9	16.1
1940.....	5,682	4,480	1,202	660.3	646.2	719.0	534	352	182	62.1	50.8	108.9	189	164	25	22.0	23.7	15.0
RECORDED																		
1951.....	5,941	4,679	1,262	623.4	647.2	548.7	308	178	132	32.3	24.3	57.4	225	186	39	23.6	25.7	16.9
1950.....	6,060	4,804	1,256	637.9	664.5	553.3	235	120	113	24.5	16.6	49.8	188	157	31	19.8	21.7	13.7
1949.....	5,951	4,671	1,280	628.4	642.2	582.6	251	146	105	26.5	20.1	47.8	198	161	37	20.9	22.1	16.8
1948.....	5,987	4,646	1,341	637.4	637.3	626.6	303	173	130	32.1	23.7	60.7	212	170	42	22.5	23.3	19.8
1947.....	5,823	4,652	1,171	620.8	637.4	562.4	321	198	123	34.2	27.1	59.1	200	171	29	21.3	23.4	13.9
1946.....	5,507	4,360	1,147	590.2	599.6	556.5	338	210	128	36.2	28.7	63.2	177	150	27	19.0	20.5	13.3
1945.....	5,792	4,644	1,148	622.8	633.7	582.2	480	301	179	51.6	41.1	90.6	204	167	37	21.9	22.8	15.8
1944.....	5,841	4,608	1,233	623.9	628.9	604.6	546	312	234	58.2	42.0	120.6	206	177	29	22.0	23.8	14.9
1943.....	5,841	4,608	1,233	623.9	628.9	604.6	758	468	290	78.8	49.8	149.5	211	178	33	21.9	23.1	17.0
1942.....	5,732	4,533	1,199	612.4	600.9	560.3	639	399	237	67.9	48.1	130.5	191	156	35	20.4	20.7	19.3
1941.....	5,528	4,349	1,179	638.3	623.1	701.8	555	336	219	64.1	48.1	130.4	200	170	30	23.1	24.4	17.9
1940.....	5,715	4,502	1,213	664.2	649.4	725.5	566	358	178	65.8	58.0	108.5	205	182	23	23.8	26.2	13.7

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TABLE NO. 12—Continued
CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1951

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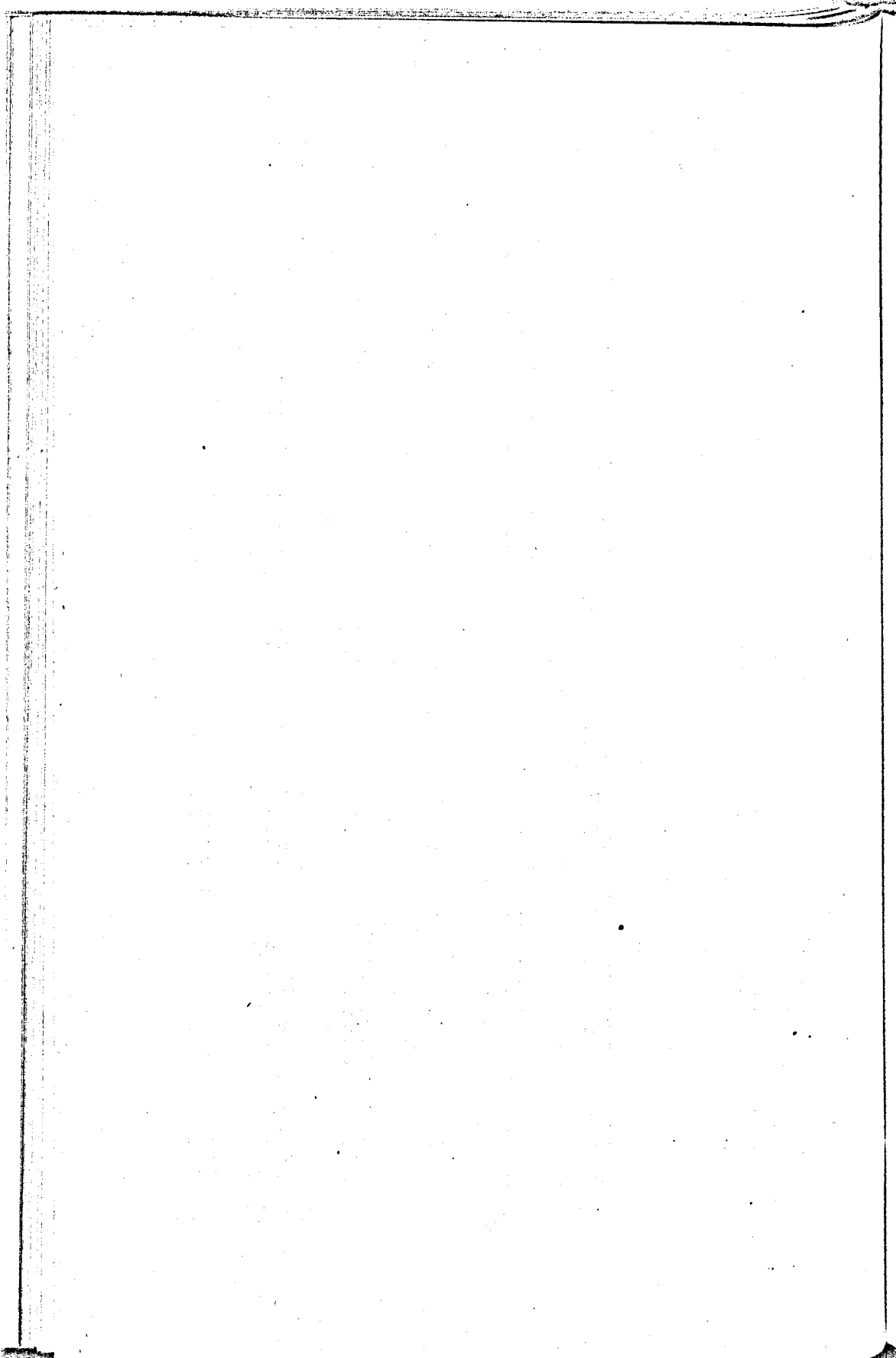
TABLE NO. 13*
REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN
COMMUNICABLE DISEASES ACCORDING TO COLOR—1934-1951

DISEASE	YEAR	REPORTED CASES			RATE PER 100,000 POPULATION		
		Total	White	Colored	Total	White	Colored
TYPHOID FEVER (not including paratyphoid fever)	1951.....	5	2	3	0.5	0.3	1.3
	1950.....	8	5	3	0.8	0.7	1.3
	1949.....	12	8	4	1.3	1.1	1.8
	1948.....	5	4	1	0.5	0.5	0.5
	1947.....	11	6	5	1.2	0.8	2.4
	1946.....	10	7	3	1.1	1.0	1.5
	1945.....	11	6	5	1.2	0.8	2.5
	1944.....	15	11	4	1.6	1.5	2.1
	1943.....	20	19	1	2.1	2.5	0.5
	1942.....	31	24	7	3.3	3.2	3.9
	1941.....	35	21	14	4.0	3.0	8.3
	1940.....	23	15	8	2.7	2.2	4.8
	1939.....	24	14	10	2.8	2.0	6.1
	1938.....	51	35	16	6.0	5.1	9.9
	1937.....	68	40	28	8.1	5.8	17.5
	1936.....	49	32	17	5.8	4.7	10.8
	1935.....	69	58	11	8.3	8.6	7.1
	1934.....	81	58	23	9.8	8.6	15.1
MEASLES	1951.....	4,376	2,505	1,871	459.2	346.5	813.5
	1950.....	357	287	70	37.6	39.7	30.8
	1949.....	11,031	10,111	920	1,164.8	1,390.2	418.8
	1948.....	8,943	7,526	1,417	948.4	1,032.4	662.1
	1947.....	274	167	107	29.2	22.9	51.4
	1946.....	8,136	6,511	1,625	872.0	891.3	802.5
	1945.....	206	178	28	22.2	24.3	14.2
	1944.....	10,324	9,050	1,274	1,101.8	1,218.0	656.7
	1943.....	2,213	2,101	112	220.8	273.2	57.7
	1942.....	6,445	6,155	290	688.6	815.9	159.7
	1941.....	4,458	3,572	886	514.8	511.7	527.4
	1940.....	88	76	12	10.2	11.0	7.2
	1939.....	11,833	10,663	1,170	1,383.9	1,544.7	710.3
	1938.....	1,119	861	258	131.7	125.3	159.0
	1937.....	9,227	8,140	1,087	1,093.0	1,189.4	680.1
	1936.....	4,361	4,050	311	519.9	594.4	197.6
	1935.....	533	453	80	64.0	66.8	51.6
	1934.....	18,612	16,307	2,305	2,248.0	2,414.8	1,510.2
SCARLET FEVER	1951.....	302	248	54	31.7	34.3	23.5
	1950.....	303	209	34	31.9	37.2	15.0
	1949.....	466	428	40	49.2	58.6	18.2
	1948.....	341	285	56	36.2	39.1	26.2
	1947.....	446	384	62	47.5	52.6	29.8
	1946.....	806	733	73	86.4	100.3	36.0
	1945.....	2,202	2,068	134	236.8	282.2	68.0
	1944.....	2,207	2,182	115	245.1	293.7	59.3
	1943.....	1,432	1,360	72	148.7	176.9	37.1
	1942.....	826	724	102	88.2	96.0	56.2
	1941.....	857	689	168	99.0	98.7	100.0
	1940.....	571	459	112	66.4	66.2	67.0
	1939.....	598	477	121	69.9	69.1	73.5
	1938.....	1,092	954	138	128.5	138.8	85.0
	1937.....	810	737	73	96.0	107.7	45.7
	1936.....	1,046	979	67	124.7	143.7	42.6
	1935.....	1,699	1,595	104	203.9	235.1	67.1
	1934.....	1,358	1,258	100	164.0	186.3	65.5

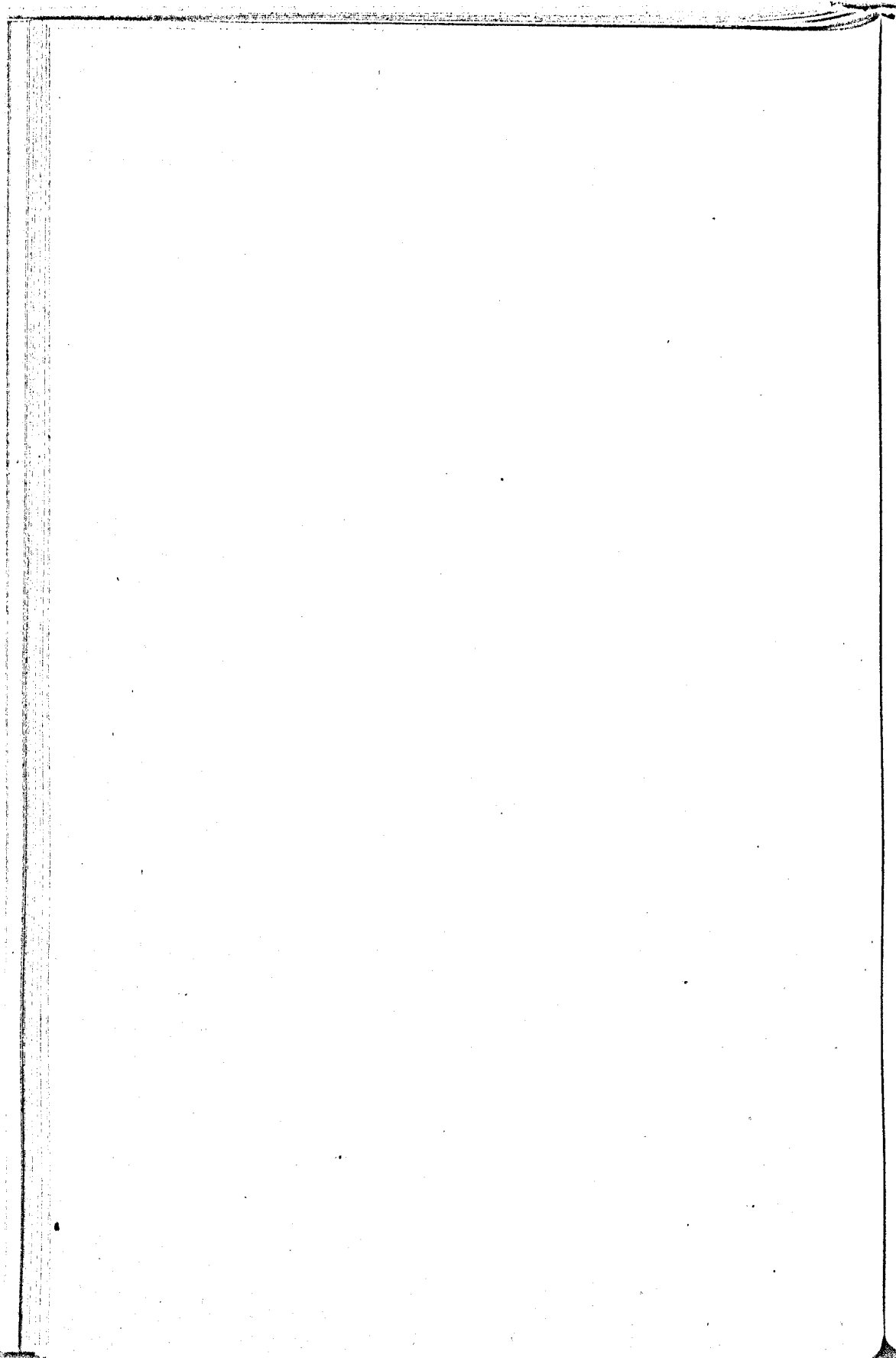
* For a more complete record see Table No. 1, Bureau of Communicable Diseases.

TABLE NO. 13—Continued
REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN
COMMUNICABLE DISEASES ACCORDING TO COLOR—1934-1951

DISEASE	YEAR	REPORTED CASES			RATE PER 100,000 POPULATION		
		Total	White	Colored	Total	White	Colored
WHOPPING COUGH	1951.....	227	121	106	23.8	16.7	46.1
	1950.....	1,425	660	765	150.0	91.3	337.0
	1949.....	945	843	102	99.8	115.9	46.4
	1948.....	604	317	287	64.1	43.5	134.1
	1947.....	3,247	2,126	1,121	346.2	291.3	538.4
	1946.....	1,004	759	245	107.6	103.9	121.0
	1945.....	2,172	1,313	859	233.5	179.2	435.6
	1944.....	2,349	1,423	926	250.7	191.5	477.3
	1943.....	3,400	2,414	986	353.1	313.9	508.2
	1942.....	2,174	1,504	670	232.3	199.4	368.9
	1941.....	2,560	1,672	888	295.6	239.5	528.6
	1940.....	5,258	4,124	1,134	611.1	594.9	678.3
	1939.....	1,575	1,136	439	184.2	164.6	266.5
	1938.....	1,548	897	651	182.2	130.5	401.2
	1937.....	3,661	3,184	477	433.7	465.3	298.4
	1936.....	3,570	2,443	1,127	425.6	358.5	716.0
	1935.....	1,100	998	102	132.0	147.1	65.8
	1934.....	4,566	4,035	531	551.5	597.5	347.9
DIPHTHERIA	1951.....	8	7	1	0.8	1.0	0.4
	1950.....	60	50	10	6.3	6.9	4.4
	1949.....	46	24	22	4.9	3.3	10.0
	1948.....	46	36	10	4.9	4.9	4.7
	1947.....	142	108	34	15.1	14.8	16.3
	1946.....	424	385	39	45.4	52.7	19.3
	1945.....	353	310	43	38.0	42.3	21.8
	1944.....	226	188	38	24.1	25.3	19.6
	1943.....	106	90	16	11.0	11.7	8.2
	1942.....	74	62	12	7.9	8.2	6.6
	1941.....	47	36	11	5.4	5.2	6.5
	1940.....	40	37	12	5.7	5.3	7.2
	1939.....	67	61	6	7.8	8.8	3.6
	1938.....	125	103	22	14.7	15.0	13.6
	1937.....	257	198	59	30.4	28.9	36.9
	1936.....	146	118	28	17.4	17.3	17.8
	1935.....	119	100	19	14.3	14.7	12.3
	1934.....	108	91	17	13.0	13.5	11.1
TUBERCULOSIS OF THE RESPIRATORY SYSTEM	1951.....	1,285	648	637	134.8	89.6	277.0
	1950.....	1,275	607	668	134.2	92.3	267.8
	1949.....	1,434	780	654	151.4	107.2	297.7
	1948.....	1,540	885	655	163.3	121.4	306.1
	1947.....	1,491	844	647	159.0	115.6	310.8
	1946.....	1,468	867	601	157.3	118.7	296.8
	1945.....	1,872	1,216	656	201.3	165.9	332.7
	1944.....	1,870	1,076	794	199.6	144.8	409.3
	1943.....	1,901	1,043	858	197.4	135.6	442.3
	1942.....	1,631	865	766	174.3	114.7	421.8
	1941.....	1,842	885	957	212.7	126.8	569.6
	1940.....	1,474	755	719	171.3	108.9	430.0
	1939.....	1,430	678	752	167.2	98.2	456.5
	1938.....	1,613	875	738	189.9	127.3	454.8
	1937.....	1,755	1,012	743	207.9	147.9	464.9
	1936.....	1,497	862	635	178.5	126.5	403.4
	1935.....	1,708	982	726	205.0	144.8	468.4
	1934.....	1,372	811	561	165.7	120.1	367.6



APPENDIX



AN ORDINANCE TO ESTABLISH A NEW HOUSING BUREAU

City Ordinance No. 1543

An ordinance to establish a new Bureau in the Department of Health, to be known as the Housing Bureau, to provide for a Director and an Assistant Director of said Bureau, to prescribe and define the duties and functions of said Bureau and the Director thereof, and to provide for the transfer of the necessary personnel thereto.

WHEREAS, a major objective of the Mayor and City Council of Baltimore is to combat successfully slum and blighted areas and prevent their future growth; and

WHEREAS, experience in the City of Baltimore has demonstrated that slum and blighted areas result in large measure from improper maintenance of dwellings, inadequate sanitation, overcrowding of dwellings and general community neglect in these areas; and

WHEREAS, experience has also shown that through well-planned and vigorous enforcement of minimum housing standards for safety, sanitation, population density and public health, these conditions can be relieved and prevented; and

WHEREAS, there has been developed in the City of Baltimore a municipal effort, known as "The Baltimore Plan," for combating residential blight by vigorous housing law enforcement, which program requires for its maximum effectiveness:

(a) Aggressive enforcement of housing ordinances and regulations through the efforts of several of the departments of the City and the utilization of their several enforcement procedures.

(b) Compelling compliance with said ordinances and regulations both in response to complaints and also at the initiative of the City on an area basis.

(c) Centralization in a single office of responsibility for assisting the several city departments involved in housing law enforcement in establishing policies, procedures and techniques which will assure uniform and consistent enforcement, and also for assisting these departments in planning their separate programs to avoid duplications, overlaps and conflicts, and to integrate the housing law enforcement effort with the programs of the Housing Authority of Baltimore City and the Baltimore Redevelopment Commission into an effective campaign against slum and blighted areas; and

WHEREAS, the Board of Estimates, prior to the adoption of this ordinance, has recommended the creation of an additional bureau in the Department of Health, to be known as the Housing Bureau, in order to meet the requirements of "The Baltimore Plan" program hereinbefore recited; now therefore

SECTION 1. *Be it ordained by the Mayor and City Council of Baltimore*, That a new Bureau, to be known as the Housing Bureau, be and it hereby is established in the Department of Health, to which shall be transferred all the personnel, duties, records and pending cases of the office of Housing and Law Enforcement, formerly the Division of Housing of the Sanitary Section. There shall be a Director of said Housing Bureau, who shall be appointed by the Mayor in the mode prescribed under Section 12 of the Baltimore City Charter, and shall hold his office as therein provided. Said Bureau shall in addition be staffed by an Assistant Director and with such additional personnel as the Commissioner of Health may from time to time appoint in accordance with law, subject to the approval of the Board of Estimates. In case any vacancy shall occur in the office of the Director, whether by death, resignation or otherwise,

the Assistant Director shall perform all the duties of the Director until the appointment and qualification of the successor to the Director and during the absence due to sickness or other disability of the Director, the Assistant Director shall perform all the duties of the Director. Said Director shall report directly to the Commissioner of Health and, subject to his approval, shall exercise in the Department of Health the powers hereinafter enumerated. In addition, said Director shall be responsible for assisting the city departments involved in housing law enforcement in developing uniform and consistent policies, procedures and techniques, to the end that any policy differences between said several law enforcement activities may be resolved and a well-planned, comprehensive and consistent attack may be made on the conditions hereinabove described without unnecessary and conflicting harassment of owners and occupants of sub-standard dwellings.

SECTION 2. *And be it further ordained*, That the Director of the Housing Bureau shall be primarily responsible directly under the Commissioner of Health for the administration and enforcement of the City Housing Code, as enacted by Ordinance No. 384, approved March 6, 1941, and Ordinance No. 507, approved June 28, 1941, including all amendments thereto and regulations promulgated by the Commissioner of Health thereunder and said Director shall also be empowered in such administration and enforcement to utilize directly under the Commissioner of Health the powers conferred by Section 148 of Article 16 of the Baltimore City Code (1927 Edition) to the extent that such powers may be needed in order to promote the hygiene of housing. Said Housing Bureau shall be charged with the duty of (a) receiving, handling or referring all complaints under the above mentioned ordinances and regulations concerning the condition of housing, and (b) undertaking enforcement of said ordinances and regulations on a block and area basis, (c) initiating procedures for preventing the development of sub-standard housing and residential blight and deterioration through strict enforcement of said ordinances and regulations and other regulatory controls, (d) establishing, with the approval of the Commissioner of Health, policies and procedures within the Baltimore City Health Department for the administration and enforcement of said ordinances and regulations, which policies and procedures shall be binding upon all other Bureaus, Sections and Divisions of the Baltimore City Health Department.

SECTION 3. *And be it further ordained*, That the Director of said Housing Bureau shall have the duty and authority to promote the above described program by inviting and stimulating the cooperation, interest and support of individual citizens and citizens' groups, and by the education of owners and occupants of sub-standard dwellings in blighted residential areas. For this purpose, as well as for the general planning of said program, said Director shall have the benefit of an advisory council, consisting of not fewer than nine (9) persons, appointed from time to time by the Mayor.

SECTION 4. *And be it further ordained*, That this ordinance shall take effect from the date of its passage.

Approved, February 17, 1951.

THOMAS D'ALESSANDRO, JR., Mayor

LEAD PAINT REGULATION

Pursuant to the power conferred upon the Commissioner of Health by Section 118 of Article 12 of the Baltimore City Code of 1950, as enacted in 1941, the following additional regulation governing the Hygiene of Housing, deemed proper and necessary by the Commissioner of Health for the enforcement of said ordinance for the protection of the health of the city has been adopted:

Regulation 17. Interior painting. No paint shall be used for interior painting of any dwelling or dwelling unit or any part thereof unless the paint is free from any lead pigment.

Huntington Williams, M.D.

Commissioner of Health

Date Adopted: June 29, 1951

Date Effective: June 29, 1951

AMENDED REGULATIONS GOVERNING DAY NURSERIES AND NURSERY SCHOOLS

GENERAL PROVISIONS

Regulation 1. Building Inspection. Every applicant for a license to conduct a day nursery shall procure from the Building Inspection Engineer a permit to use the building and premises, for which application is made, as a day nursery. Such permit shall be filed with the Commissioner of Health at the time the application for license is made.

Regulation 2. Fire Protection. Every applicant for a license to conduct a day nursery shall procure from the Board of Fire Commissioners a certificate to the effect that the building and premises, for which the license is desired, are free from fire hazards and comply with all fire laws, ordinances, rules and regulations applicable thereto and designed for fire prevention and control. Such certificate shall be filed with the Commissioner of Health at the time the application for license is made.

Regulation 3. License. In each day nursery the license from the Commissioner of Health shall be kept posted by the licensee in a conspicuous place and a copy of the rules and regulations governing day nurseries shall be kept on file by such licensee.

The number of children cared for at any time in each day nursery shall be limited, in accordance with the premises, staff and equipment, to the number stated in the license.

ADMISSION AND STAFF

Regulation 4. Admission. No child shall be admitted to a day nursery until such child has been given a complete physical examination by a licensed physician. The written report of such physical examination on a form supplied by the Commissioner of Health and signed by the physician shall be placed on file in the day nursery before the child is admitted.

No child under six months of age shall be admitted to a day nursery. No child shall be admitted unless such child shall have been successfully vaccinated against smallpox and shall have been given the inoculations for the prevention of diphtheria, whooping cough and tetanus. No child with a mental or physical abnormality requiring special care shall be admitted to a day nursery for normal children.

Regulation 5. Staff. An adequate staff suitably trained in the physical and emotional care of children shall be maintained by each day nursery. At least one attendant shall be on duty at all times so that the children are never without supervision. One attendant shall be provided for each six children under two years of age, one for each twelve children two to four years of age, and one for each fifteen children over four years of age. Each staff member shall have a chest X-ray examination annually, and the report on each such examination shall be filed promptly with the Commissioner of Health by the person examined.

Each day nursery shall have attached thereto a licensed physician of its own selection. Immediately following the appointment of such physician the day nursery shall file with the Commissioner of Health the name and address of such physician.

Regulation 6. Duties of Staff. It shall be the duty of the superintendent, director or person in charge of each day nursery

- (1) To take all reasonable precautions to prevent the introduction of any communicable disease into the day nursery, and to have readily available in the day nursery a copy of the City Health Department communicable disease chart, form CD 58.
 - (2) To place in isolation at once any child showing any suspicious signs or symptoms of illness and to report such condition to the nursery physician or the Commissioner of Health immediately by telephone.
 - (3) To urge parents or guardians to secure an annual physical examination for each child by a private physician or clinic, and to secure proper treatment for any disease or disability found.
 - (4) To keep on file in the day nursery a register of all children admitted to the day nursery, with the names, addresses and telephone numbers of parents or guardians of all such children.
 - (5) To keep on file the medical certificates required of each child when admitted to the day nursery, and a record of all physical examinations, including weights and heights; and a record of the small-pox vaccination and the diphtheria, whooping cough and tetanus inoculations of each child.
 - (6) To keep a daily roster showing the names of all children admitted to the day nursery each day.
 - (7) To exclude from the day nursery premises any person who is known or suspected to have tuberculosis, or who is a carrier of typhoid or diphtheria bacilli or who is suffering from any communicable disease.
 - (8) To provide, whenever day nursery care is continued into the afternoon, a rest period of at least one hour each day for each child; during which period the child shall be properly covered, lying on a cot, in a well-ventilated room. An attendant shall be on duty during the rest period.
- Further, when day nursery care is continued into the afternoon each child shall have not less than two hours of recreation each day in the open air, except in inclement weather when it shall be provided in a room with open windows. During the recreation period the children shall be properly clothed in accordance with weather conditions.
- (9) To post in advance once each week, in a conspicuous place, the weekly dietary lists of foods that will be given to the children.

BUILDINGS, EQUIPMENT AND MAINTENANCE

Regulation 7. Buildings. Each building in which a day nursery is located shall be in a good state of repair. All interior paint shall be paint that is free from any lead pigment. A sanitary outdoor playground shall be provided which shall be free from any condition which is or may be dangerous to the life and health of the children and such playground shall be readily accessible from the day nursery.

Not less than 30 square feet of usable space shall be provided for each child accepted in the day nursery. Cribs shall be so placed as to provide not less than three feet of space on all sides, except on the side which is in contact with the wall. Cots provided for children's naps shall be placed not less than three feet apart if located head to head, or not less than one and a half feet apart if the head and foot of the cots are alternated. No double decker beds shall be used.

Each room used for kitchen, toilet, recreation, dormitory, or school purposes shall have one or more windows opening upon a public thoroughfare or yard. The total window area shall be not less than 10 per cent of the floor area of the room and the openable window area shall be not less than 5 per cent of the floor area of the room. The window area of each toilet room shall be not less than three square feet. All windows shall be of clear or translucent material. In addition, no room located below ground level shall be used for the care of children unless it meets the following specifications:

- (1) The clear inner height is at least 7 feet 6 inches.
- (2) The uppermost 3 feet of the required clear inner height is above the average outside ground level.
- (3) The floor and walls, if in contact with the earth, are water-proof and damp-proof.

A suitable room or compartment shall be provided for the storage of the outer garments of the children. Each room shall be provided with sufficient artificial lighting so that the combined natural and artificial light will provide illumination of at least fifteen foot-candles at play surfaces at all times when the day nursery is in operation. Each day nursery shall also be provided with a heating plant capable of maintaining at all times a temperature of not less than 70° Fahrenheit at two feet above the floor level.

The premises of each day nursery shall be connected to the Baltimore City Water Supply and to the City Sewerage System, unless other arrangements are approved in writing by the Commissioner of Health. The plumbing on the premises shall contain no cross-connection or potential cross-connection, which if present would permit the contamination of the water supply by back-siphonage through the plumbing or fixture.

The drinking water shall be easily accessible to the children and shall be provided either by an approved cross-jet drinking fountain or by the use of individual single service drinking cups. One such drinking water facility shall be available for each forty children or less.

There shall be adequate and proper toilet facilities readily accessible to the children and the fixtures shall

be of such height that they may be used by the children without assistance. Not less than one water closet and one wash bowl shall be provided for each fifteen children, and there shall be a wash bowl in close proximity to each water closet. Toilet seats shall be of the open-front type. The floor in each toilet room shall have a water-proof non-absorbent finish and the walls shall be smoothly finished with a hard surface.

All gas appliances shall be solidly connected with iron pipes and installed in accordance with the rules and regulations of the Building Inspection Engineer. All unused gas connections shall be removed or properly capped. No open electric sockets or loose electric wires shall be within the reach of the children. Space heaters with exposed flames are prohibited.

The premises of each day nursery shall be of ratproof construction or shall be made ratproof and all windows and other exterior openings shall be provided with fly screens.

A suitable room or compartment shall be provided by each day nursery for the isolation of any child having, or suspected of having any communicable disease, pending examination and disposition of such child by the proper authorities. Such isolation room shall be equipped with, or have readily accessible, hand washing and toilet facilities.

Regulation 8. Equipment. All equipment and furnishings shall be of such character and material as to be easily cleaned, and if painted the paint shall be free from any lead pigment. Tables, chairs, cots and play apparatus and other equipment used by the children shall be of a size suitable to their age and shall be readily washable with soap and warm water. Heavy draperies, upholstery and carpets which will collect dust are prohibited.

There shall be a separate bed, crib or cot for each infant or child. For each infant less than two years of age there shall be provided rubber or other water-proof sheeting for the protection of the mattress or blankets if used in place of a mattress. The bedding shall be kept in a clean and sanitary condition at all times.

An adequate first-aid outfit shall be provided for use in the care of accidents. This shall contain a disinfectant, sterile cotton, gauze bandage and adhesive tape.

Individual towels shall be provided for the use of each child. Such towels shall be of the single service type and shall be placed in all toilet rooms. Wash cloth and comb when provided shall be available for each child separately. Hair brushes shall not be used.

An adequate supply of hot and cold running water, soap and toilet paper shall be maintained in the toilet rooms at all times.

Regulation 9. Maintenance. The exterior and interior of the day nursery shall be maintained in good structural condition. Plumbing, heating, cooking and lighting equipment shall be maintained in proper working order at all times. The room temperature shall be maintained at all times at not less than 70° Fahrenheit at two feet above floor level.

All parts of the premises, furnishings and equipment shall be kept in a sanitary condition and free from flies, rodents and vermin. Rooms shall not be cleaned while occupied by the children. Toys and play apparatus shall be cleaned daily. Bedding and individual towels and wash cloths shall be changed at such intervals as may be required to maintain them in a sanitary condition at all times.

All soiled diapers shall be immediately rinsed in water, and put in an individual covered receptacle for each child. The attendant shall wash her hands thoroughly after handling wet or soiled diapers.

FOOD AND NUTRITION

Regulation 10. Food Service. In each day nursery all State Laws, City Ordinances and rules and regulations governing the storage and handling of food or milk shall be complied with fully.

Day nursery walls and ceilings of rooms where food is stored or handled shall be smooth, impervious and painted with a light color paint and kept in good repair. Walls, floors and ceilings shall be free from cracks and crevices in order to prevent the presence of insects or rodents. All cracks and crevices shall be caulked and sealed.

Adequate facilities shall be provided in each room where food is prepared or handled so that the State regulations concerning the sanitation of food and drinking utensils may be complied with fully. A three-compartment sink shall be provided for the cleaning of eating and drinking utensils unless the day nursery license is for eight children or less, when other types of equipment may be approved.

Adequate hot and cold running water and towels and soap shall be provided for the use of all food handlers and shall be readily accessible to them. Where food or milk is served there shall be adequate facilities for its preparation or handling. A refrigerator of adequate size with an accurate thermometer in it shall be provided for the refrigeration of milk and other perishable foods, and such milk and foods shall be maintained at a temperature of not more than 45° Fahrenheit. Garbage shall be kept in adequate, sanitary, covered metal receptacles until removed from the premises.

An adequate dietary shall be provided for each child by the day nursery. If the child is in the day nursery ten hours or more a day such dietary shall be the total daily food needs of the child and shall include (a) an adequate breakfast, (b) a mid-morning feeding, (c) an adequate mid-day meal, (d) a mid-afternoon feeding, and (e) an adequate supper.

If the child is in the day nursery for less than ten hours a day the dietary shall include a suitable proportion of the total daily food needs as determined by the hours the child is in the day nursery.

Huntington Williams, M.D.

Commissioner of Health

Date adopted: October 5, 1934

Date amended: August 1, 1951

Date effective: August 1, 1951

RULES AND REGULATIONS GOVERNING MEDICAL EXAMINER CASES

Pursuant to the power conferred on the Maryland Post Mortem Examiners Commission by Chapter 70 of the State Laws of Maryland of 1941, the following rules and regulations have been adopted by the Commission:

Regulation 1. Definitions. When used in these regulations, the term "Medical Examiner case" means any death which is the result, wholly or in part, of a casualty or accident, homicide, poisoning, suicide, criminal abortion, rape, therapeutic misadventure, drowning, or a death of a suspicious or unusual nature, or of an apparently healthy person.

A stillbirth or neonatal death, or accident room or hospital death in which the cause of death has been established by the hospital physician and is due to disease, and free from evidence of criminal or accidental nature, shall not be considered as a Medical Examiner case. A case which is dead on arrival at the hospital, however, shall be considered a Medical Examiner case unless the physician who pronounces death has been in previous attendance on the patient. (July 13, 1939; June 26, 1951.)

Regulation 2. Establishing a hospital death as a Medical Examiner case. The hospital physician shall be guided by the history and other circumstances in judging whether or not a death is under the jurisdiction of the Medical Examiner. Cases which are not bona fide Medical Examiner cases shall not be made such simply because autopsy permission has been refused, nor shall authentic Medical Examiner cases be withheld from the Medical Examiner's jurisdiction and autopsied by the hospital pathologist because permission for autopsy has been obtained. (July 13, 1939; June 26, 1951.)

Regulation 3. Release of certain Medical Examiner cases for hospital autopsy. The following types of Medical Examiner cases may be released to the hospital by the Chief Medical Examiner in Baltimore City, or by the Deputy Medical Examiner in any county, for autopsy by the hospital pathologist, if permission for autopsy is obtained by the hospital from the nearest of kin or other proper relative of the deceased, or if neither is living or available, from a friend, church, welfare or fraternal association that will assume responsibility for burial expenses, or from the State Anatomical Board; provided the death certificate in each such case is countersigned by the Medical Examiner:

1. Death from acute or chronic alcoholism without manifestation of trauma.
2. Death from accidental burns, occurring in the home.
3. Death, or sudden death, associated with a therapeutic procedure.
4. Anesthetic death.
5. Death following a fracture in an elderly person and resulting from a simple fall in the home. (July 13, 1939; June 26, 1951.)

Regulation 4. Medical Examiner autopsies in Baltimore City. Any person dying in Baltimore City as a result of a homicide, poisoning, suicide, criminal abortion, rape, or drowning; or dying in a suspicious or unusual manner shall be autopsied by the Medical Examiner in the Office of the Chief Medical Examiner in Baltimore, or in such other place as may be approved by the Chief Medical Examiner. (July 13, 1939; June 26, 1951.)

Regulation 5. The hospital agent. Each hospital shall appoint a responsible agent, office or individual with whom the Medical Examiner can at any hour communicate regarding Medical Examiner cases in such hospital, after receiving notification thereof from the police authority. Each hospital shall notify the Medical Examiner of the agent so appointed.

If during routine autopsy by a hospital pathologist, evidence is encountered which indicates that the death should be under the jurisdiction of the Medical Examiner the death shall thereupon become a Medical Examiner case and the hospital agent, shall immediately notify the police or sheriff, who will in turn notify the Medical Examiner. The hospital pathologist shall discontinue the autopsy pending the arrival of the Medical Examiner. (July 13, 1939; June 26, 1951.)

Regulation 6. Notification of police. Whenever a hospital in Baltimore City has a Medical Examiner case, the hospital agent shall report such case to the Office of the Chief Inspector of Police at the Central Police Building, telephone Mulberry 1600, Extension 208, who will transmit the information to the Medical Investigator on duty. (July 13, 1939; June 26, 1951.)

Regulation 7. Preliminary hospital reports. The hospital agent, designated in accordance with Regulation 5, shall submit promptly to the Medical Examiner information on the name and age, if known, of each Medical Examiner case, with the date and time of admission; time of death; diagnosis, if made; place, date, time and manner of accident, or violence, if any; and other relevant information, on forms to be provided by the Chief Medical Examiner, in order to allow him to decide the disposition of each such case. (July 13, 1939; June 26, 1951.)

Regulation 8. Clinical and autopsy reports from hospitals. Whenever a Medical Examiner case is autopsied in a hospital, the hospital agent shall submit to the Medical Examiner, without delay, a clinical summary report, preferably filled out by the physician most familiar with the case, and a provisional anatomical diagnosis; and later a copy of the autopsy protocol. (July 13, 1939.)

Regulation 9. Anesthetic deaths. In case of any anesthetic death occurring in the City of Baltimore the hospital wherein the death occurred shall notify immediately, by telephone, the Chief Medical Examiner or one of the two Assistant Medical Examiners, who shall conduct the necessary investigation. In the case of an anesthetic death occurring in any county of Maryland the hospital shall notify immediately, by telephone, the Deputy Medical Examiner of the county or district wherein the death occurred, who shall make the necessary investigation. (Dec. 22, 1950; June 26, 1951.)

Regulation 10. Entry to storage or autopsy room at Office of the Chief Medical Examiner. No person other than a member of the staff of the Chief Medical Examiner may enter the storage room or the autopsy room while work is being carried on there, except with the permission of the Medical Examiner performing said work. (Feb. 27, 1951; June 26, 1951.)

Regulation 11. Report of Medical Examiner cases to police or sheriff. Whenever a physician, funeral director or other person shall have knowledge of the occurrence of a death that may have been the result of violence or suicide, or may have occurred by casualty or suddenly when the person was in apparent health, or not

attended by a physician, or when the death may have occurred in any suspicious or unusual manner, the physician, funeral director or other person having such knowledge shall report it without delay to the police or sheriff who has jurisdiction in the city or county where such death shall have occurred. (May 15, 1951.)

AMENDMENT TO THE STATE OCCUPATIONAL DISEASE LAW*

Chapter 287

An act to repeal Section 21 of Article 101 of the Annotated Code of Maryland (1947 Supplement), title "Workmen's Compensation," sub-title "Occupational Diseases," and to repeal and re-enact, with amendments, Sections 22 and 29 of Article 101 of said Annotated Code, title "Workmen's Compensation," sub-title "Occupational Diseases," relating to claims for compensation to persons suffering from occupational diseases.

SECTION 1. *Be it enacted by the General Assembly of Maryland*, That Section 21 of Article 101 of the Annotated Code of Maryland (1947 Supplement), title "Workmen's Compensation," sub-title "Occupational Diseases," be and it is hereby repealed, and that Sections 22 and 29 of Article 101 of said Annotated Code, title "Workmen's Compensation," sub-title "Occupational Diseases," be and it is hereby repealed and re-enacted, with amendments, to read as follows:

22. (a) Where an employee of an employer subject to this Article suffers from an occupational disease, and is thereby disabled from performing his work in the last occupation in which he was injuriously exposed to the hazards of such disease, or dies as a result of such disease, and the disease was due to the nature of the occupation or process, in which he was employed within the period previous to his disablement as limited in Sections 23 and 24 hereof, the employee, or, in case of his death, his dependents shall be entitled to compensation in the amount and payable in the manner provided elsewhere in this Article, as if such disablement or death were an injury by accident, except as otherwise provided in Sections 22 to 30 hereof; and the practice and procedure prescribed elsewhere in this Article shall apply to proceedings for compensation for such diseases, except as in said Sections 22 to 30, and Sections 53, 57 and 67, as hereby amended, otherwise provided.

(b) No compensation shall be payable for an occupational disease if the employee, at the time of entering into the employment of the employer by whom the compensation would otherwise be payable, falsely represented himself in writing as not having previously been disabled, laid off, or compensated in damages or otherwise, because of such disease.

(c) Where an occupational disease is aggravated by any other disease or infirmity, not itself compensable, or where disability or death from any other cause, not itself compensable, is aggravated, prolonged, accelerated or in anywise contributed to by an occupational disease, the percentage of such contribution to be determined by the Medical Board, as hereinafter created, the compensation payable shall be reduced and limited to such proportion only of the compensation that would be payable if the occupational disease were the sole cause of the disability or death as such occupational disease, as a causative factor, bears to all the causes of such disability or death, such reduction in compensation to be effected by reducing the number of weekly or monthly payments or the amount of such payments, as under the circumstances of the particular case may be for the best interest of the claimant or claimants.

* The duties of the State Department of Health and the Commissioner of Health of Baltimore City relating to occupational diseases may be found in Chapter 288 of the Maryland State Laws of 1951; the amount of benefits for injuries including perforated nasal septum are in Chapter 451 of the Maryland State Laws of 1951; and the definitions of "Injury," "Personal Injury," "Accidental Personal Injury," "Occupational Disease" and "Disablement" are given in Chapter 289 of the Maryland State Laws of 1951.

29. The Medical Board shall file with the State Industrial Accident Commission the records of all proceedings had before the Medical Board, including transcript of the testimony of all witnesses appearing on behalf of the claimant and the employer, together with its own report and findings upon all medical questions involved in the claim. Included in such record shall be the findings of the Medical Board, determining the nature of the disease, the extent of injury and the degree of disability sustained by the claimant.

Upon the filing of the Record of the Proceeding by the Medical Board, the State Industrial Accident Commission shall send a certified copy of such findings to the claimant or claimants and to the employer and his insurance carrier, if any. In the event that either the claimant or claimants or the employer or the insurance carrier shall feel aggrieved by any decision of the Medical Board, either party may, within thirty (30) days after the filing with the State Industrial Accident Commission of the record of the proceedings before the Medical Board as herein provided, file a petition with the State Industrial Accident Commission, requesting the State Industrial Accident Commission to review the record and the proceedings before the Medical Board. If no petition for review has been filed with the State Industrial Accident Commission within said thirty-day period from the filing of the Medical Board's findings and report, the State Industrial Accident Commission shall render its decision or award, which shall conform to the findings in such report and the decision of the Medical Board as to medical questions. In the event that a petition for review by the State Industrial Accident Commission of the findings and report of the Medical Board has been filed, as herein provided, the State Industrial Accident Commission shall review the proceedings, findings and report of the Medical Board, and upon the record thus made shall render its decision or award upon all issues referred to the Medical Board, provided, however, that upon such review the findings of the Medical Board upon all medical questions shall be presumed to be correct and such findings shall not be set aside or reversed if there is legally sufficient evidence in the record to support such findings. In any hearing, as provided for in Sections 22-30 of this Article, held by the State Industrial Accident Commission in any case to determine any controversial questions, no finding of fact by the State Industrial Accident Commission shall be subject to be reviewed or be set aside, reversed or modified.

SECTION 2. *And be it further enacted*, That this Act shall take effect June 1, 1951.

Approved, April 13, 1951.

SIGNS OF A BETTER BALTIMORE*

A JOINT STATEMENT

by

THE HOUSING AUTHORITY OF BALTIMORE CITY,
THE BALTIMORE REDEVELOPMENT COMMISSION

and

THE BALTIMORE CITY HEALTH DEPARTMENT

Mayor's Announcement

It is with great satisfaction that I present to the citizens of Baltimore the following statement, which has been prepared by those who are responsible for the three

* An illustrated pamphlet published by the City of Baltimore in March, 1951.

housing programs which are now operating in our city. This statement should help to clarify their respective functions and their relationship to each other. Each has its own unique contribution to make in the fight which we are waging against the slums of Baltimore. Each is dependent upon the other to achieve its greatest usefulness. In combination, the three programs—public housing, redevelopment, housing law enforcement—constitute a unified program for better housing for all citizens of Baltimore.

THOMAS D'ALESSANDRO, JR.
Mayor of Baltimore

Baltimore's Problem

Decay lies like a dagger at the heart of the city. It is evident in the neighborhoods that grew without plan and fail to satisfy even the basic need for safe and healthy living. It is apparent in the alleys that form an endless network each harboring its own stories of human misery and deterioration. It is found in the noise and odors of business and industrial enterprise which intrude into areas where people make their homes. And—most tragic evidence of all—it is apparent in the hundreds of blocks where hardly a dwelling can be found which offers the standards necessary for decent living.

Slums are expensive. Not only do they rob the city of adequate taxes; they also rob the city of the contribution of future citizens who have learned to live without hope or ambition. Furthermore, unchecked blight fans out in all directions, planting in healthy areas the seeds of decay.

But Baltimore's battle against the slums is on. Three housing programs, each supplementing the other to form an integrated attack, are combatting the forces of slum and blight. The tempo of these programs is determined by citizen interest and endorsement, expressed by educational, civic and recreational participation.

Public Housing Program

The oldest of these three programs is the public housing program. It had its beginning in 1937 when the City Council created the Housing Authority of Baltimore City to clear slums and build and operate low-rent public housing for people who cannot obtain decent housing in the private market.

Public housing rents are determined by a family's income and the number of children who are dependent on that income. These two factors, in combination, are the gauge of the amount which the family is able to pay. The Authority is able to adjust its rents to family circumstances because of the help which it receives from the Federal and City Governments.

The Federal Government helps by means of an annual contribution which makes up the difference between the low rents paid by the tenants and the full cost of operating the projects. The City helps by exempting the projects from taxation, although it does receive from the Authority each year payments-in-lieu-of-taxes for such services as police and fire protection, health services and garbage and trash collection. The Authority operates under the laws of the State of Maryland through powers granted to it by ordinance of the City Council.

Public housing is not an end in itself. For many it is the beginning—of the peace, the security, the sense of status and wellbeing which enable a man to make positive, vigorous plans for his own future and that of his children. Public housing is therefore for many families the gateway to private housing.

The Authority owns and operates 5,000 units of low-rent housing and plans to

construct 10,000 additional units. The low-rent housing projects are not to be confused with the war housing projects, which are operated by the Authority but owned by the Federal Government. This war housing was constructed during the war to take care of war workers, and much of it would have been demolished by this time had not the housing shortage persisted.

Redevelopment Program

It is obvious that slum clearance is a job which cannot be done by public funds alone. *The Baltimore Redevelopment Commission was therefore established in 1945 for the purpose of enlisting the aid of private enterprise in clearing the slums and rebuilding such areas for appropriate new uses.* The Redevelopment Commission does not do any actual building itself.

In 1947, eight slum areas, averaging about 50 gross acres each, were officially designated by the City Council as redevelopment areas. In November, 1948, a \$5,000,000 bond issue was authorized by the voters to provide funds for absorbing part of the acquisition costs involved in clearing the slum areas so that the land can be made available to private builders at a price they can afford to pay.

The Housing Act of 1949, passed by the United States Congress, greatly expands the potential scope of the program. It is anticipated that over a six-year period about \$10,000,000 of Federal funds will be available to Baltimore on a matching basis to augment the \$5,000,000 local bond issue. Additional funds will be available as low-interest loans to facilitate the redevelopment process.

The first two projects under the redevelopment program are now under way. One project will clear an 11-block area, crisscrossed with streets and alleys and tightly packed with substandard row houses. This development will provide residential facilities for the Johns Hopkins medical institutions as well as moderate-rent garden apartments for Negroes, commercial facilities, and additional playground space for the schools in the area. The other provides for clearing a site of about 21 blighted acres and rebuilding the area with moderate-rent garden apartments and a small shopping center with generous off-street parking.

Housing Law Enforcement Program

Even private and public funds together cannot possibly clear all the extensive slums in the city of Baltimore any time within the foreseeable future. In the meantime there is no let-up in the suffering of the people who must continue to live in the slums. The "Baltimore Plan" for housing law enforcement operates in those vast slum areas which cannot be cleared at this time by either public or private funds and applies preventive measures to other areas of the city. *It is a program of neighborhood rehabilitation designed to improve living conditions in substandard housing areas and to prevent the growth and formation of slums.* Through the enforcement of health, housing, sanitation, building, fire, and zoning ordinances on a block-by-block basis, the forces of municipal housekeeping are set in motion as a co-ordinated operation.

The "Baltimore Plan" has the machinery to require improvement of buildings and property by owners; to enlist better ordered and more hygienic living habits of tenants; to secure the cooperation of municipal government in reviewing the adequacy of all municipal services. The program further rehabilitates blighted neighborhoods by encouraging higher standards of living through educational, civic, and recreational agency participation.

Housing law enforcement originated in the Baltimore City Health Department late in 1939 with the demolition of St. John's Court. In November, 1940, houses on

Winter Street were torn down and a legal battle over certain Moore Street houses led to the passage of the Ordinance of the Hygiene of Housing, Ordinance No. 384, approved on March 6, 1941. Joint inspections and enforcement of the Fire Code, the Building Code and the City Housing Code began in 1945 in a structure-to-structure campaign in a single block.

Additional impetus was given to this enforcement program in 1947 when 20 police sanitarians, under the supervision of a Police Inspector, were assigned to carry on sanitary investigations on a city-wide basis. The greatest single contribution to these concerted efforts also occurred in 1947 when the Housing Court was established to hear all cases involving housing violations.

The "Baltimore Plan," although still in a developmental stage, has demonstrated that vigorous enforcement of minimum housing standards for safety, sanitation, population density and public health can relieve and prevent residential blight. Ordinance No. 1543, passed by the City Council and signed by Mayor Thomas D'Alesandro, Jr., on February 17, 1951, centralized responsibility in the Housing Bureau of the Baltimore City Health Department for:

- Stimulating cooperation and educating the community to improve living standards.

- Establishing policies, procedures and techniques to assure uniform and consistent housing law enforcement.

- Assisting various departments engaged in the program to eliminate duplications, overlaps and conflicts.

- Integrating the housing law enforcement effort with the programs of the Housing Authority of Baltimore City and the Baltimore Redevelopment Commission into an effective campaign against slum and blighted areas.

G. CHESTON CAREY

Chairman, Housing Authority of Baltimore City

CLARK S. HOBBS

Chairman, Baltimore Redevelopment Commission

HUNTINGTON WILLIAMS, M.D.

Commissioner of Health, Baltimore City

THE NATIONAL RESEARCH COUNCIL REPORT ON FLUORIDATION OF WATER SUPPLIES*

This Committee was convened and directed to express its judgment as to whether, on a basis of a review of the present status of scientific knowledge, supplementing the fluoride content of public water supplies for the *partial* prevention of dental caries is a desirable and sage procedure from a physiological viewpoint. Specifically, it has been advocated, where necessary because of the deficiency of this element, that the fluoride content of the public water supplies be adjusted to insure a mean content of approximately 1 p.p.m. of fluorine. While some aspects of water fluoridation are still in the experimental stage, its application has been shown to be technologically practical and economically feasible. However, it remains to be determined by each municipality contemplating installation of this procedure (1) what benefits may be expected, and (2) what the potential liabilities are. After reviewing the available evidence, your Committee believes that the following are the principal considerations, briefly stated, upon which judgment must be based.

* To be published in the January, 1952 issue of the *Baltimore Health News*.

1. *Under normal conditions of living, fluorine is a trace element in human nutrition* (McClure, 1951). Minute amounts are absorbed from certain foods and drinking water and, to a limited extent, are retained by dental and osseous tissues. The quantity of fluorine ingested in food is a relatively unimportant variable; the average diet contains 0.2 to 0.3 mg. daily. *Of greater import is the variable quantity ingested in drinking water.* Many of the public water supplies in the United States, particularly those of the large cities, derived from rivers, lakes and ponds, are practically fluoride-free; others contain from traces to 1.5 p.p.m. fluorine as fluorides. A number of supplies (Hill and others, 1949), particularly those obtained from deep wells and aquifers irregularly distributed in various parts of the country, contain from 1.5 p.p.m. up to 7 or 8 p.p.m., very rarely more.

2. From the epidemiological investigations of Dean (1946), there is convincing evidence that within certain limits there is an inverse relationship between the natural fluoride content of drinking water and the frequency of dental caries in children dependent upon these supplies. The most useful index of the amount of caries is the number of decayed, missing and filled permanent teeth (DMF) per child, per 100 children, or per 100 permanent teeth, at specified ages. Dean's original observations were based upon 7,257 selected white school children aged 12-14 in 21 cities of four states. The prevalence of caries (DMF) was greatest in those children who had used continuously from birth the public water supplies which were fluoride-free. The prevalence was progressively less in comparable children reared in cities with public water supplies having a fluoride content up to approximately 1 p.p.m. Beyond this concentration there was little, if any, advantage. Children reared in cities where drinking water contained approximately 1.0 p.p.m. of fluorine experienced only about one third as much dental caries as those reared in cities whose water supplies were fluorine-free (Dean, 1949). These basic observations have been confirmed and extended by investigators in this and other countries.

3. The caries-preventive effect of adequate fluoride intake is principally conferred upon children when the dentine and enamel of the permanent dentition are being formed, i.e., from birth up to about the twelfth year. There is evidence that this increased resistance to dental caries is carried over to some extent into later life, so that at least there is a delay of several years in the incidence of caries (Forrest, 1951). A recent detailed epidemiological study of adult populations (Russell and Elvove, 1951) considerably extends knowledge in this field. These observations show that marked caries-inhibitory effects of fluoride waters are operative in the 35-39- and 40-44-year-old groups.

4. A considerable number of experimental studies have been conducted in the laboratory to explore the inhibition of induced experimental caries in rats and hamsters by fluorides and to explain this action. The results give consistent support to the concept of a relationship between human caries and fluorides (McClure, 1951). While it appears probable that caries resistance is associated with the incorporation of fluorides into the tooth structure, the exact mechanism by which it is mediated is unknown. The causes of caries are only partially understood.

5. The margin between the optimal quantity of fluoride in drinking water which is required for maximal benefit in tooth development and the amount which produces undesirable physiological effects is sufficiently wide to cause no concern. The most sensitive indication of the latter is the enamel defect of the permanent teeth known as endemic fluorosis, or mottled enamel. The epidemiological studies of Dean (1942), based upon examination of 5,824 white children in ten states, showed a direct correlation between severity of the manifestations of mottled enamel and the increasing

fluoride content (up to 5 p.p.m.) of the water supplies upon which they were dependent. At approximately 1.0 p.p.m., less than 10 per cent of children show the least detectable evidence of disturbances in enamel formation, which are not visible except to the trained eye of the examining dentist. Beginning at about 2 p.p.m., an increasing proportion of children have mottled enamel of a grade that is easily apparent. While such teeth are caries-resistant, they are esthetically objectionable.

6. While the safe level of fluoride concentration to afford a maximum caries-preventive effect without mottled enamel is approximately 1.0 p.p.m., it varies somewhat with climatic and other factors and must be ascertained for each general area (Dean, 1951). For practical public health purposes it has been proposed that a safe level has been reached when not more than 10 to 15 per cent of children age 12-14 years, who have used water supplies since birth, and who have been examined under standard conditions, show the mildest detectable type of mottled enamel. Under the climatological conditions prevailing in the Chicago area, where the mean annual temperature is about 49° F, this upper limit has been reached by domestic water supplies containing approximately 1.0 to 1.5 p.p.m. fluoride. On the other hand, in the vicinity of Moultrie or Brunswick, Georgia, with a mean annual temperature of 68° F, the upper level has been found to be associated with water supplies containing only 0.5 to 0.7 p.p.m.

7. There is an extensive literature on the pharmacology and toxicology of fluorine and its compounds. This has been reviewed by several authors (McClure, 1946; Cox and Hodge, 1950; Heyroth, 1951; Smith, 1951). Only those parts of it which deal with the cumulative action of fluorides are pertinent to the question of the safety of fluoridation. Chronic fluoride intoxication characterized by bone, joint, and other tissue changes has been the cause of impaired skeletal function in Danish workmen exposed to fluoride dusts as an occupational hazard (Roholm, 1937). The presence of concentrations of fluorides in excess of 5 p.p.m. in water supplies in certain parts of the world has been reported to have given rise to a number of cases of chronic fluorosis, but the reported data are inadequate to establish the threshold concentration at which storage may be expected to occur to a potentially harmful extent. A radiologic survey at Bartlett, Texas, where the water contains 8 p.p.m., revealed an increased bone density not associated with functional impairment in 11 per cent of those examined (Dean, 1944), but roentgenologic examinations of a limited number of persons living in areas where the water contained from 1.2 to 3 p.p.m., revealed no evidence of fluorosis (Hodges and others, 1941).

The fluoride concentrations in the urine of normal teen-age boys and young men closely approximate numerically those in their drinking water in regions where the water supplies contain from 0.2 to 4.7 p.p.m. (McClure, 1946). Fluorine balance studies furnish additional evidence that the human body eliminates the major portion of food- and water-borne fluoride when the quantities ingested do not exceed 4.0 to 5.0 mg. of fluoride daily (McClure, 1951), although the daily ingestion of 6.0 mg. led to demonstrable storage (Machle and Largent, 1943).

In the accumulated experience there is no evidence that the prolonged ingestion of drinking water with a mean concentration of fluorides below the level causing mottled enamel would have adverse physiological effects. Since the water supplies in various parts of the country contain considerably greater amounts, it is desirable that epidemiologic surveys of the incidence of chronic fluorosis be made in those regions, and that further balance studies be undertaken in order to establish the facts in regard to the storage of fluoride at moderately elevated levels of intake.

8. In 1945, studies were begun to ascertain whether the adjustment of the fluoride content of a public water supply to the optimal level with commercially available fluorides would confer the same caries-inhibitory effects as do waters which carry the same concentrations of fluoride naturally.

Preliminary analysis of the first four years is now available on two studies in which the observations were carefully controlled: (1) the Grand Rapids, Muskegon, Aurora study (Dean and others, 1950); (2) the Newburgh, Kingston study (Ast and others, 1950-51).

Beginning in January, 1945, sodium fluoride was added to the Grand Rapids water in sufficient quantities to insure continuous maintenance of a level of about 1 p.p.m. In order to establish a base line of dental caries experience prior to fluoridation, 19,680 children with history of continuous residence in Grand Rapids, Michigan, were given a complete dental examination. In addition, 4,291 children were examined in Muskegon, Michigan, a city which derives its fluoride-free water supply from the same source as does Grand Rapids, i.e., from Lake Michigan. An additional 5,116 children were examined in Aurora, Illinois, where the community water has contained 1.2 p.p.m. of "natural fluoride" for years. Data from examinations conducted at Grand Rapids and Muskegon during the autumn of each year since 1945, i.e., five yearly examinations since fluoridation was begun, have been tabulated. These examinations were made on representative children from the kindergarten, first, fourth, eighth and eleventh school grades. In Grand Rapids, there has been a reduction in caries experience in the permanent teeth of children examined in 1949 as compared with the rate expected on the basis of the 1944-45 examinations, particularly in the younger ages. The apparent amount of reduction in the DMF rate per child at ages 6, 9, 13 and 16 years, was approximately 51 per cent, 36 per cent, 17 and 12 per cent, respectively. Concurrently, there has been a slight decline in the caries rates reported by Muskegon with its fluoride-free water supply but it is relatively small and inconsistent, 22 per cent in the six-year-olds and 28 per cent in the seven-year-olds. This is unexplained. In the 5-, 6- and 7-year-old groups at Grand Rapids the DMF rates now approximate those of comparable groups of children in Aurora. Preliminary analyses of the 1950 dental examinations at Muskegon and Grand Rapids indicate that the observed dental caries experience at Muskegon is again similar to that recorded in the 1944-45 base line. At Grand Rapids, a further reduction in dental caries prevalence was observed.

In another study, beginning in May, 1945, sodium fluoride was added to the water supply of Newburgh, New York, so as to provide a content of 1.2 p.p.m., while the Kingston, New York, supply was, and has continued to be, fluoride free. At the end of four years of fluoride treatment of Newburgh's water supply, analysis has been made of the data on dental caries experience both of deciduous and permanent teeth of approximately 3,200 school children 5 to 12 years old in Newburgh, and 3,100 children of the same age in Kingston. In brief, the investigators conclude that the DMF rates among permanent teeth of the 6- to 12-year-old children in Newburgh show a consistent downward trend after four years of fluoridation, whereas the DMF rates in the control city of Kingston show no changes. The reduction in Newburgh is from 20.6 DMF per 100 permanent teeth to 13.9, or a reduction of 32.5 per cent. The rate in Kingston remained at 20.2 DMF per 100 permanent teeth. Since the first permanent molars are the teeth most affected by dental caries, a special analysis of the condition of these teeth was made. The number of caries-free first permanent molars increased in Newburgh, after four years of fluoride exposure among 6- to 9-year-old children,

from 59 per 100 molars to 77. The number of caries-free permanent teeth among Kingston children of the same age remained essentially unchanged.

From these two studies, therefore, it appears that the adjustment of the fluoride concentration to optimal amounts in a water supply previously deficient in this element has resulted in considerable reduction of caries in children. Just how great a reduction may be effected ultimately will have to wait upon a longer period of observation. Reports from other cities which have installed this procedure tend to corroborate the studies mentioned above (Hutton and others, 1951; Bull, 1949-50; Erlenbach and Tracy, 1946; 1948; Hill and others, 1950). Continued observations, however, are essential to establish the degree of effectiveness in higher age groups.

9. In the control studies to which reference was made in the preceding paragraph, sodium fluoride (Na F) was added to the water supplies. Assuming that the availability of fluoride ion is the same, the use of sodium silicofluoride (fluosilicate) (Na_2SiF_6) should result in considerable savings. On the basis of experimental studies, the fluorine in sodium fluoride and sodium fluosilicate produce similar physiological effects upon rats (McClure, 1950) and are equally effective in inhibiting the development of induced dental caries in rats (Zipkin and McClure, in press). Accordingly, it is inferred that this would apply to human experience as well, although this has not yet been demonstrated. Other considerations being equal, for reasons of economy the cheaper material (fluosilicate) is recommended. In the case of smaller public water supplies, however, other factors, such as available space, handling hazards, and equipment preference, will determine the choice of the compound used.

10. The statement that fluoridation of water supplies reduces tooth decay 65 per cent is postulated on an expectancy for a population using a fluoride-free water supply. When a public water supply naturally containing 0.4 to 0.5 p.p.m., of fluoride is adjusted to the optimal level (1.0 p.p.m.), the reduction in dental caries prevalence obviously would be less. Upon the basis of information at present available, it is not possible to predict how much reduction of caries will be apparent in the adult population. *Other factors—genetic, dietary, bacteriologic, and the availability of dental services, etc.—affect the prevalence of caries and vary in every community. Fluoridation is a partial caries control procedure and does not eliminate the need for other dental health measures.*

11. The promotion, initiation, supervision, and proper operation of the fluoridation of public water supplies is a responsibility of the state department of health, acting jointly through its bureau or division of dental health and through the division of public health engineering with the collaboration of the dental and medical professions. Suitable local plans for dental health surveys before fluoridation and periodic evaluations should be set up by the dental public health program director. These surveys should provide data suitable for calculating an index of caries attack and an index of the frequency and severity of dental fluorosis (mottled enamel). Engineering aspects of fluoridation, such as tests to determine the fluoride content of the water, safety provisions, training of operators, etc., should be covered by state regulations. The statement of policy and procedure formulated by the American Water Works Association (1949) will be acceptable to most state departments of health. Municipalities contemplating the installation of fluoridation should look to the state health department for expert guidance. Many small communities would be unable to maintain satisfactory fluoridation practice without assistance. There are many so-called automatic plants applying chlorination which allegedly do not require fulltime attendance of a water works operator. Many have very limited laboratory facilities, or

lack technical personnel to make accurate chemical determinations of fluoride content. Ultimately, state or regional laboratories will have to take over routine chemical examination of samples along with established bacteriological control. Provision for periodic visits by a state sanitary engineer cannot be considered adequate supervision.

Summary and Conclusions. Under normal conditions of living, fluorine is a trace element in human nutrition. A variable and important source is drinking water. Many of the public water supplies in the United States are deficient in this element. Children dependent upon such supplies have a high dental caries attack rate as compared with children living in cities having water supplies containing about 1.0 p.p.m. of fluoride. The advantage of the latter group is considerable and is of the order of one third to one half as much caries. The caries-preventive effect of adequate fluoride intake is principally conferred upon children up to about the twelfth year of life, during the period when dentine and enamel of the permanent dentition are being formed. This increased resistance to dental caries is carried over into later life to an appreciable degree. The results of experimental studies conducted in the laboratory give consistent support to the concept of the inhibitory effect of fluoride on the caries process. There is a safe margin between trace quantities in drinking water which are required for optimal dental health and that amount which produces undesirable physiological effects. The most sensitive indication of the latter is interference with normal calcification of the teeth, which is manifested in mottled enamel, or endemic fluorosis. This effect, although compatible with caries-resistant tooth structure and, within certain limits, apparently with physiological well-being, is esthetically undesirable. The level of fluoride concentration in drinking water which is associated with the appearance of mottled enamel varies with individual susceptibility and with the amount of water consumed. The upper level of safety has been reached in the northern part of the United States in domestic water supplies containing approximately 1.0 to 1.5 p.p.m. fluorine, in the southern part of the country approximately 0.7 p.p.m. There is no reason to believe that prolonged ingestion of drinking water with a mean concentration below the level causing mottled enamel will have an adverse physiological effect. Progress reports in several communities in which sodium fluoride has been added to the water supplies of low fluoride content indicate that this procedure will reduce the caries attack rate in children. There is evidence to suggest that it will confer an appreciable measure of protection to teeth of adults.

In view of these considerations, your Committee recommends that any community which includes a child population of sufficient size, and which obtains its water supply from sources which are free from or are extremely low in fluorides, should consider the practicability and economic feasibility of adjusting the concentration to optimal levels. This adjustment should be in accord with climatic factors and a constant chemical control should be maintained. With proper safeguards, this procedure appears to be harmless. However, it should be conducted under expert dental and engineering supervision by the state board of health. It should not be undertaken unless this can be provided. How much reduction in the prevalence of caries will actually be realized in a particular community will vary according to local conditions. The procedure will supplement but not supplant other dental health measures. About one half of the population of this country is living in small villages and rural areas and will not benefit by fluoridation of public water supplies. Other provisions for preventing dental caries in this fraction of the population should be continued and developed.

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